

S E R V I N G C A N A D I A N S



DEPARTMENT OF JUSTICE

Marijuana

SECRET



PURPOSE

- To provide background information and potential options related to the electoral commitment to legalize and regulate possession and production of marijuana.
- The Liberal Party platform specifically proposed:
 - to remove marijuana consumption and incidental possession from [the criminal law];
 - to create new, stronger laws to punish more severely those who provide it to minors, those who operate a motor vehicle while under its influence, and those who sell it outside of the new regulatory framework; and
 - to create a Federal/Provincial/Territorial task force, and with input from experts in public health, substance abuse, and law enforcement, design a new system of strict marijuana sales and distribution, with appropriate federal and provincial excise taxes applied.

“To ensure that we keep marijuana out of the hands of children, and the profits out of the hands of criminals, we will legalize, regulate, and restrict access to marijuana.”

(Real Change: Liberal Party of Canada Platform, 2015 – Marijuana)

2



BACKGROUND INFORMATION

- Marijuana is the **most commonly used illicit drug** in Canada. In 2013, 10.6% of those aged 15 and over (**3.1 million Canadians**) reported past-year use. Rates were **two to three times higher among youth and young adults than adults** aged 25 years and over.
- Over 30,500 Canadians are registered to purchase marijuana from a licensed producer, and 28,000 are temporarily allowed to possess or grow marijuana pending a court decision (*Allard*).
- In 2014, **over half (57,314)** of police-reported drug offences involved **cannabis possession**, and **10,696** involved **cannabis trafficking, production, or distribution**.
- **Marijuana grow operations** exist in all types of dwellings and communities across Canada, raising public health and safety risks (e.g., risk of fire and electrical hazards, violent home invasions).
*size of operations
large scale*
- The majority (85%) of **organized crime groups** participate in illicit drug markets, and marijuana is among the top types of drugs involved.
- The **majority of marijuana in the illicit market is believed to be produced domestically**. In 2013, law enforcement sought destruction of over 39 metric tonnes of dried marijuana and 800,000 marijuana plants.
3



BACKGROUND INFORMATION

Domestic legal and regulatory status:

- The *Controlled Drugs and Substances Act* (CDSA) and its regulations provide the legal framework for dealing with all drugs in Canada, including marijuana. - *not a part of the Criminal Code* -
- It is currently illegal to possess, grow or sell marijuana, unless authorized through:
 - An exemption granted under section 56.1 of the CDSA for a medical, scientific, or public interest purpose; or
 - Regulations (most notably, the *Marihuana for Medical Purposes Regulations* (MMPR), which came into force in June 2013, or through an injunction order allowing access under the terms of the former *Medical Marihuana Access Regulations*). *Regime fully come into force on March 31, 2015*
- Additionally:
 - Impaired driving, including impairment due to marijuana, is an offence under section 253 of the *Criminal Code of Canada*; and
 - Marijuana is regulated by the *Food and Drugs Act* and the *Food and Drug Regulations*.

International legal framework:

- Canada is party to a global legal framework covering psychotropic drugs – including conventions such as the 1961 Single Convention on Narcotic Drugs. The convention does not allow for legalization but does give latitude on the types of sanctions and penalties imposed.

SERVING CANADIANS



RECENT DEVELOPMENTS

Domestic:

- Recent proliferation of retail and online sales by unlicensed **marijuana dispensaries** has occurred despite prohibitions of the CDSA and regulatory provisions.
- **Charter challenges** have focused on **medical marijuana**, and this is likely to continue.
 - Over 300 lawsuits since introduction of the MMPR, primarily challenging elimination of home cultivation; all but one have been stayed pending decision (expected soon) in the lead case (*Allard*).
*all appeals
in Allard
in motion
on Turner
in 24 others
upheld
upheld
upheld
upheld
upheld
upheld
in French*
- The Canadian Association of Chiefs of Police (CACP) and MADD Canada are calling for **legal limits on drugs for drivers**, and for **roadside screening to detect impairing drugs**.
 - The *Dangerous and Impaired Driving Act* (C-73), which died on the order paper in June 2015, included provisions to simplify the prosecution of drug impaired driving offences.

International:

- In 2013, **Uruguay** became the first country to legalize and regulate marijuana for non-medical use. While marijuana remains illegal federally, **four U.S. states** (Colorado, Washington, Oregon, Alaska) and District of Columbia have legalized non-medical marijuana.
 - Canada is being urged by experts to build on lessons learned.
- The April 2016 **United Nations General Assembly Special Session on the World Drug Problem** will bring together countries to discuss approaches to drug control.
 - Health Canada is leading; likely will seek Cabinet approval for Canadian position.

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KEY STAKEHOLDERS/PARTNERS

Key federal roles and responsibilities:

- **Justice Canada:** Leads the National Anti-Drug Strategy (NADS) and criminal aspects of drug-related policy legislation; manages the Drug Treatment Court Funding Program and Youth Justice Fund's drug treatment component.
- **Health Canada:** Oversees the medical marijuana regime, the CDSA and fulfillment of drug-related international commitments; works with law enforcement/regulatory bodies to ensure that marijuana remains in legal distribution channels; leads the NADS Prevention and Treatment Action Plans.
- **Public Safety and Emergency Preparedness:** Leads the NADS Enforcement Action Plan; overall coordination role on law enforcement policy and addressing public safety risks.
- **RCMP:** Federal lead for criminal investigations into organized crime groups and networks, including those involved in the production and distribution of illicit marijuana; conducts personnel background checks for MMPR license applications.
- **Public Prosecution Service of Canada:** Responsible for the prosecution of drug offences in Canada (Quebec and New Brunswick also prosecute drug offences).

S E R V I N G C A N A D I A N S



MINISTERIAL MANDATE LETTERS

- Your mandate letter includes the following priority on marijuana:

“Working with the Ministers of Public Safety and Emergency Preparedness and Health, create a federal-provincial-territorial process that will lead to the legalization and regulation of marijuana.”

- The Minister of Health's letter includes the priority to:

“Support the Ministers of Justice and Public Safety and Emergency Preparedness on the efforts that will lead to the legalization and regulation of marijuana.”

- The Minister of Public Safety and Emergency Preparedness's letter includes the priority to:

“Support the Minister of Justice and the Minister of Health on efforts that will lead to the legalization and regulation of marijuana.”

s.14

s.21(1)(a)

s.21(1)(b)

S E R V I N G C A N A D I A N S



S E R V I N G C A N A D I A N S



Ministère de la Justice
Canada Department of Justice
Canada

Canada

s.21(1)(b)

s.21(1)(a)

S E R V I N G C A N A D I A N S



Ministère de la Justice
Canada

Department of Justice
Canada

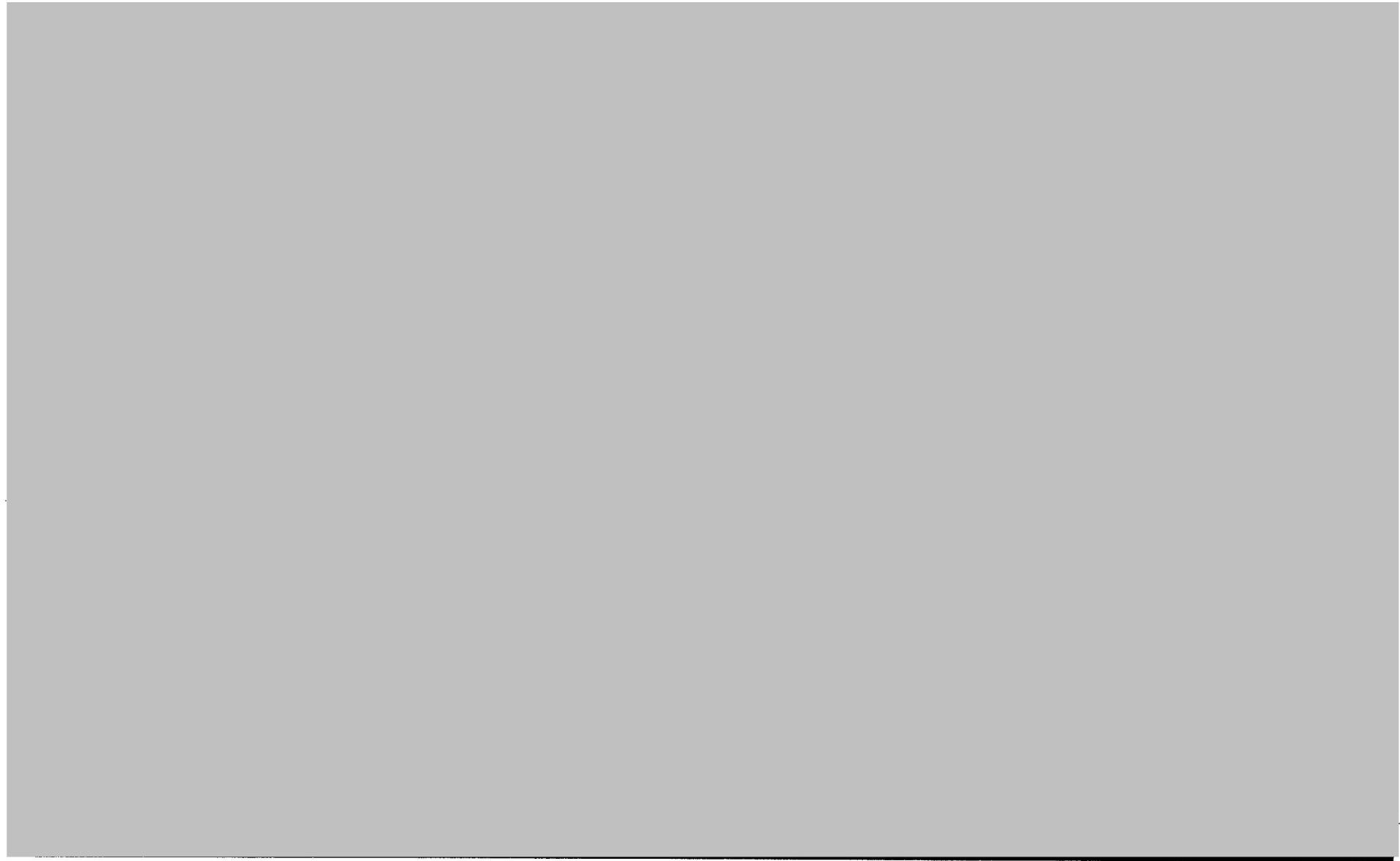
Canada

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S E R V I N G C A N A D I A N S



S E R V I N G C A N A D I A N S



12

S E R V I N G C A N A D I A N S



ROLE OF MINISTER OF JUSTICE AND ATTORNEY GENERAL OF CANADA

- As Minister of Justice, you would be responsible for:
 - Advising on appropriate legal expert(s) for the task force;
 - Developing options with respect to the criminal aspects of marijuana legalization, in collaboration with Health Canada, Public Safety and Emergency Preparedness and other federal partners;
 - Any legislative changes,
 - Continuing to lead the National Anti-Drug Strategy.
-
- As Attorney General of Canada, you are responsible for the prosecution of drug offences in Canada and for defending challenges against the medical marijuana regime.

s.69(1)(g) re (a)

S E R V I N G C A N A D I A N S



14



Letter from MADD Canada

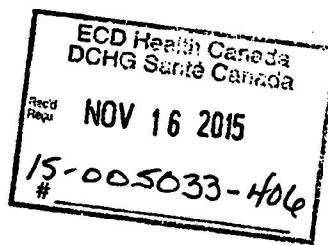
to:

minister_ministre@hc-sc.gc.ca
2015-11-13 08:47 AM

Hide Details

From: [REDACTED] @madd.ca>

To: "minister_ministre@hc-sc.gc.ca" <minister_ministre@hc-sc.gc.ca>



1 Attachment



MADD Canada Letter_Honourable Jane Philpott.pdf

Hello:

Please see attached for a letter being sent on behalf of MADD Canada [REDACTED]

Thank you.

MADD Canada
2010 Winston Park Drive, Suite 500, Oakville, ON L6H 5R7
Tel: 905-829-8805 / 1-800-665-6233, ext. 240
Fax: 905-829-8860
Web: www.madd.ca
Canadian Charitable Registration Number: 13907 2060 RR0001

Support Project Red Ribbon. Get your ribbons today by donating to MADD Canada or text MADD to 45678 to donate \$5 on your cellphone bill. Tie It! Wear It! Show It! Share It! Live It!



NATIONAL OFFICE

2010 Winston Park Drive, Suite 500, Oakville, Ontario, Canada L6H 5R7

Tel: (905) 829-8805 • Toll Free: 1-800-665-MADD • Fax: (905) 829-8860 • Web: madd.ca • Email: info@madd.ca

November 12, 2015

(Sent via email with original to follow by mail)

The Honourable Jane Philpott
Minister of Health
70 Columbine Driveway
Tunney's Pasture
Postal Location: 0906c
Ottawa, Ontario K1A 0K9
Email: minister_ministre@hc-sc.gc.ca

Dear Minister Philpott:

On behalf of MADD Canada's National Board of Directors and our more than 100 Chapter and Community Leader groups across the country, congratulations on your election as the Member of Parliament for Markham-Stouffville and your appointment as the Minister of Health.

MADD Canada's mission is to stop impaired driving and to support victims of this violent crime. Impaired driving claims between 1,250 and 1,500 lives, causes more than 63,000 injuries and costs the Canadian economy \$20 billion each and every year.

We are writing to express our concern with the current system for testing and detecting drug-impaired drivers.

Roadside surveys and other research show that drug-impaired driving is becoming an increasingly bigger part of the overall impaired driving problem in Canada. The current system for detecting, charging and prosecuting drug-impaired drivers is not working. In 2008, police were given the authority to demand Standard Field Sobriety Test (SFST) and Drug Recognition Evaluations (DRE) if they had grounds to suspect drug impairment in a driver. But, despite those powers and training approximately 800 officers as certified DRE experts, the rate of drug-impaired driving charges is extremely low. In 2012, just 1.9% of all impaired driving charges were for drugs. That's just 1,126 out of nearly 60,000 total charges.

Canada must move beyond the current SFST/DRE model, and introduce road-side oral fluid testing for drugs and driving limits for the most commonly-used illicit drugs. This would be similar to the breathalyzer currently used to detect alcohol, and the drug limits would be similar to the BAC limit. The road-side drug test would not be an evidentiary test (meaning its results are not admissible in court); it would be used only as grounds to demand a second, more sophisticated test. This approach has been adopted in several Australian states and Western European countries where it has proven to be effective. Indeed, several leading American traffic safety experts recently called for replacing the current SFST and DRE system with per se drug limits.

It is absolutely crucial that law enforcement has effective tools to accurately and quickly detect drug-impaired drivers before the government moves forward with its stated plan to legalize marijuana.

With respect to that plan to legalize marijuana, and how distribution, sales and control systems might operate, MADD Canada emphasizes the importance of taking a public health approach, as outlined in the Cannabis Policy Framework from the Centre for Addiction and Mental Health.

We know there will be a great deal of stakeholder consultation and discussion on these issues and MADD Canada would like to be part of that process.

We would very much like an opportunity to meet with you to discuss these issues and share our position and recommendations with you. Your office can contact [REDACTED] at 1-800-665-6233 [REDACTED] or at [REDACTED] to arrange a meeting.

Thank you for your time, and once again, congratulations on your election and appointment.

Sincerely,

A large rectangular area of the page is completely redacted with a solid gray color, obscuring a handwritten signature.

CC:

[REDACTED] Centre for Addiction and Mental Health

DIG-000299
MCWEU5
110003
Summary
report ATT

Minister of Health

Ministre de la Santé

Ottawa, Canada K1A 0K9

CP

DEC 21 2015

MADD Canada
@madd.ca

Dear [redacted]

Thank you for your correspondence of November 12, 2015, inviting me to meet with you to discuss your opinions and recommendations regarding the current system for testing and detecting drug-impaired drivers and the legalization and regulation of marijuana.

As the system for testing and detecting drug-impaired drivers falls under the purview of the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, I have taken the liberty of forwarding a copy of your correspondence to her, for consideration.

I am working together with Minister Wilson-Raybould on establishing a task force to consult on the legalization and regulation of marijuana. I look forward to hearing your views on these important issues once the task force is established.

Again, thank you for writing.

Yours sincerely,



The Honourable Jane Philpott, P.C., M.P.

c.c. The Honourable Jody Wilson-Raybould, P.C., M.P.
Minister of Justice and Attorney General of Canada

Canada

Ministerial Correspondence Unit - Justice Canada

From: Minister_Ministre <Minister_Ministre@hc-sc.gc.ca>
Sent: December-21-15 4:42 PM
To: [REDACTED] @madd.ca
Cc: Ministerial Correspondence Unit - Justice Canada
Subject: In response to your correspondence / 15-005033 - 406 BF
Attachments: 15-005033-406_FINAL.pdf, 15-005033-406.pdf

Please find attached a response to your correspondence sent to the Minister of Health.

Thank you.

Health Canada

To view this file you will need Adobe Reader - <http://get.adobe.com/reader/>

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Document Date / Date du document: 2015-12-21
Date of Receipt / Reçu le: 2015-12-21

Author / Auteur: The Honourable Jane Philpott VIP
 Minister
 Health
 Ottawa ON K1A 0K9

MCU # / # UCM: 2016-000299

Doc Type / Type de Doc: D
Subject / Sujet: 110003
 Justice - Administration of Justice

Due Date / Date d'échéance: 2016-01-27

Sector's Due Date / Date d'échéance du secteur:

Copy to: [REDACTED]

Assigned To / Assigné à: MCUED5

Assigned Date / Assigné le: 2016-01-06

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Comments / Remarques:
 Summary report ATT

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- D: Draft response / Faire un projet de réponse
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- F: Action at your discretion / Donner suite à votre discrétion
 Further letter to be combined with a previous document (see comments) / Nouvelle lettre à joindre à un document précédent (voir remarques)
- I: For your information (no action required) / À titre d'information (aucune mesure requise)

CC: K. Mercer
 CC: S. Geh
 CC: K. Black

CC: S. Poliquin
 CC: S. Nesbitt
 CC:

CC: P. Glushek
 CC: Y. Legault
 CC:

CC: L. Bisson
 CC: A. Saghbini

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**Pages 21 to / à 60
are withheld pursuant to section
sont retenues en vertu de l'article**

69(1)(g) re (d)

**of the Access to Information Act
de la Loi sur l'accès à l'information**

QUESTION PERIOD NOTE

Date:
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2015-11-27
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2015-013792

Question Period Note

MARIJUANA LEGALIZATION

ISSUE:

The Liberal electoral platform undertook to "legalize, regulate and restrict access to marijuana" and to establish a federal/provincial/territorial task force to design a strict sales and distribution system.

PROPOSED RESPONSE:

- Our Government has committed to legalize and regulate marijuana while keeping it out of the hands of children, and the profits out of the hands of criminals, as well punishing more severely those who sell outside of the new regulatory framework.
- I am working with the ministers of Health and Public Safety and Emergency Preparedness to establish a federal/provincial/territorial task force to design a new system of strict marijuana sales and distribution, with appropriate federal and provincial taxes applied.

BACKGROUND:

The Liberal Party 2015 platform specifically proposed:

- to remove marijuana consumption and incidental possession from the criminal law (*Controlled Drugs and Substances Act (CDSA)*);
- to create new, stronger laws to punish more severely those who provide it to minors, those who operate a motor vehicle while under its influence, and those who sell it outside of the new regulatory framework; and
- to create a federal/provincial/territorial task force to design a new system of strict marijuana sales and distribution.

The ministers of Health, Justice and Public Safety and Emergency Preparedness will be leading the development of this initiative.

The CDSA currently makes it a summary conviction offence to possess 30 grams or less of cannabis marijuana or 1 gram or less of cannabis resin ("a small amount of cannabis") which is punishable by up to six months imprisonment and/or a fine of up to \$1,000. The possession of more than these amounts of these products is a hybrid offence punishable by imprisonment for up to five years less a day if prosecuted by indictment.

CONTACTS:

Prepared by:

Paul Saint-Denis, Senior Counsel, Criminal Law Policy Section

Tel. N°.:

613-957-4751

Approved by:

Carole Morency, Director General and Senior General Counsel, Criminal Law Policy Section

Tel. N°.:

613-941-4044

Sudbury & District

Health Unit

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Chapleau ON P0M 1K0
T : 705.860.9200
F : 705.864.0820

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F : 705.869.5583

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F : 705.867.0474

Toll-free / Sans frais
1.866.522.9200

www.sdhu.com

December 1, 2015

VIA ELECTRONIC MAIL

The Right Honourable Justin Trudeau
Prime Minister of Canada
House of Commons
Ottawa, ON K1A 0A6

Dear Prime Minister Trudeau:

Re: CANNABIS REGULATION AND CONTROL: Public Health Approach to Cannabis Legalization

At its meeting on November 19, 2015, the Sudbury & District Board of Health carried the following resolution #54-15:

WHEREAS the election platform of Canada's recently elected federal government includes the intention to legalize, regulate, and restrict access to marijuana; and

WHEREAS within the current criminalization context, cannabis is widely used in the SDHU catchment area: 23.5% of youth used in the previous 12 months, 52.3% of people aged ≥19 have tried cannabis and 13% currently use cannabis; and

WHEREAS the health risks of cannabis use are significantly lower than tobacco or alcohol but are increased in those who use it frequently, begin at an early age and/or who have higher risk of cannabis-related problems (i.e. certain psychiatric conditions, cardiovascular disease, pregnancy); and

WHEREAS a public health approach focused on high-risk users and practices – similar to the approach favoured with alcohol and tobacco that includes strategies such as controlled availability, age limits, low risk use guidelines, pricing, advertising restrictions, and general and targeted prevention initiatives – allows for more control over the risk factors associated with cannabis-related health and societal harms; and

WHEREAS the Ontario Public Health Standards require boards of health to reduce the frequency, severity, and impact of preventable injury and of substance misuse;

s.19(1)

Letter

Re: Cannabis Regulation And Control: Public Health Approach to Cannabis Legalization
December 1, 2015

Page 2

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health support a public health approach to the forthcoming cannabis legalization framework, including strict health-focused regulations to reduce the health and societal harms associated with cannabis use; and

FURTHER THAT this resolution be shared with the Honourable Prime Minister of Canada, local Members of Parliament, the Premier of Ontario, local Members of Provincial Parliament, Minister of Health and Long-Term Care, Federal Minister of Health, the Attorney General, Chief Medical Officer of Health, Association of Local Public Health Agencies, Ontario Boards of Health, Ontario Public Health Association, the Centre for Addiction and Mental Health, and local community partners.

Members of the Sudbury & District Board of Health respectfully request that the Right Honorable Prime Minister use a public health approach to the regulation and legalization of cannabis in Canada.

Sincerely,



cc: Hon. Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada
Hon. Jane Philpott, Minister of Health
Carol Hughes, MP Algoma, Manitoulin, Kapuskasing
Paul Lefebvre, MP Sudbury
Marc Serré, MP Nickel Belt
Hon. Kathleen Wynne, Premier of Ontario
Hon. Madeleine Meilleur, Attorney General of Ontario
Glenn Thibeault, MPP Sudbury
France Gélinas, MPP Nickle Belt
Michael Mantha, MPP, Algoma-Manitoulin
Dr. David Williams, Chief Medical Officer of Health (Interim)
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Pegeen Walsh, Executive Director, Ontario Public Health Association
Dr. Catherine Zahn, President and Chief Executive Officer, Centre for Addiction and Mental Health
Ontario Boards of Health

s.19(1)

R16 000812

MCUEDI
15CC17

DC ATT CP

Ministerial Correspondence Unit - Justice Canada

From: Prime Minister/Premier Ministre <PM@pm.gc.ca>
Sent: January-08-16 11:43 AM
To: [REDACTED]
Cc: Ministerial Correspondence Unit - Justice Canada; Jane Philpott
Subject: Office of the Prime Minister / Cabinet du Premier ministre
Attachments: L_Cannabis_Regulation_and_Control_PH_Approach_to_Cannabis_Legislation_P5.pdf

Dear [REDACTED]

Thank you for writing to the Prime Minister.

Please be assured that your comments, offered on behalf of the Sudbury & District Board of Health, have been noted and that they will receive due consideration from the Ministers, who have already received copies of your correspondence.

Once again, thank you for taking the time to write.

S. Russell
Executive Correspondence Officer
Agent de correspondance
de la haute direction

>>> From : [REDACTED] sdhu.com Received : 01 Dec 2015 04:58:45 PM >>>

>>> Subject : Cannabis Regulation and Control >>>

Good afternoon,

Attached is a letter from the Sudbury & District Health Unit's Medical Officer of Health outlining a resolution from the Sudbury & District Board of Health relating to Cannabis Regulation and Control: Public Health Approach to Cannabis Legalization.

Thank you for your attention to this important public health matter.

Sudbury & District Health Unit | 1300 Paris Street | Sudbury, Ontario | P3E 3A3

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Author / **S. Russell**
Auteur: Executive Correspondence Officer
 Prime Minister's Office
 Ottawa ON K1A 0A6
 pm@pm.gc.ca
Copy to: [REDACTED]

Doc Type / Type de Doc: R

Subject / Sujet: 150017
 Law - Controlled Drugs and Substances Act

Due Date / Date d'échéance: 2016-02-23

Sector's Due Date / Date d'échéance du secteur:

Assigned To / Assigné à: MCUED1

Assigned Date / Assigné le: 2016-01-12

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QUESTION PERIOD NOTE

Date:
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2015-11-27
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Question Period Note

MARIJUANA LEGALIZATION

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PROPOSED RESPONSE:

- Our Government has committed to legalize and regulate marijuana while keeping it out of the hands of children, and the profits out of the hands of criminals, as well punishing more severely those who sell outside of the new regulatory framework.
- I am working with the ministers of Health and Public Safety and Emergency Preparedness to establish a federal/provincial/territorial task force to design a new system of strict marijuana sales and distribution, with appropriate federal and provincial taxes applied.

If asked about the RCMP laying charges against employees and owners of marijuana dispensaries or cases where charges have been laid for marijuana offences, the Minister may want to answer:

- Charging people for criminal offences is the role of law enforcement agencies, including the RCMP. At this time, marijuana is still a Schedule II drug under the *Controlled Drugs and Substances Act* and subject to the offences under that legislation.

If asked about the respective roles of the Ministers of Justice, Health and Public Safety in dealing with the legalization of marijuana, the Minister may want to answer:

- The legalization and regulation of marijuana is one of this government's commitments and one of the priorities for the Ministers of Justice, Health and Public Safety, as set out in their mandate letters. All three Ministers are working together to meet the government's commitment.

BACKGROUND:

The Liberal Party 2015 platform specifically proposed:

- to remove marijuana consumption and incidental possession from the criminal law (*Controlled Drugs and Substances Act (CDSA)*);
- to create new, stronger laws to punish more severely those who provide it to minors, those who operate a motor vehicle while under its influence, and those who sell it outside of the new regulatory framework; and
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The ministers of Health, Justice and Public Safety and Emergency Preparedness will be leading the development of this initiative.

The CDSA currently makes it a summary conviction offence to possess 30 grams or less of cannabis marijuana or 1 gram or less of cannabis resin ("a small amount of cannabis") which is punishable by up to six months imprisonment and/or a fine of up to \$1,000. The possession of more than these amounts of these products is a hybrid offence punishable by imprisonment for up to five years less a day if prosecuted by indictment.

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QUESTION PERIOD NOTE

Date:
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2015-11-27
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2015-013792

Question Period Note

MARIJUANA LEGALIZATION

ISSUE:

The Liberal electoral platform undertook to “legalize, regulate and restrict access to marijuana” and to establish a federal/provincial/territorial task force to design a strict sales and distribution system.

PROPOSED RESPONSE:

- Our Government has committed to legalize and regulate marijuana while keeping it out of the hands of children, and the profits out of the hands of criminals, as well punishing more severely those who sell outside of the new regulatory framework.
- This commitment reflects the view of a majority of Canadians who believe that marijuana use should no longer be subject to criminal penalties.
- I am working with the ministers of Health and Public Safety and Emergency Preparedness to design a new system of strict marijuana production and distribution, with appropriate health safeguards and federal and provincial taxes applied.

If asked about the RCMP laying charges against employees and owners or marijuana dispensaries or cases where charges have been laid for marijuana offences:

- Charging people for criminal offences is the role of law enforcement agencies, including the RCMP. At this time, marijuana is still a Schedule II drug under the *Controlled Drugs and Substances Act* and, unless otherwise regulated for production and distribution, is subject to the offences under that legislation.

If asked about the respective roles of the minister of Justice, Health and Public Safety and Emergency Preparedness in dealing with the legalization of marijuana:

- Together with my colleagues the Minister of Health and the Minister of Public Safety and Emergency Preparedness, we are working to meet this Government’s commitment to legalize, regulate, and restrict marijuana.

BACKGROUND:

The Liberal Party 2015 platform specifically proposed:

- to remove marijuana consumption and incidental possession from the criminal law (*Controlled Drugs and Substances Act (CDSA)*);
- to create new, stronger laws to punish more severely those who provide it to minors, those who operate a motor vehicle while under its influence, and those who sell it outside of the new regulatory framework; and
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The CDSA also imposes a number of mandatory minimum penalties for serious drug offences. None of these penalties apply to the offence of possession of small quantities of marijuana.

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- Add bullet on MMPs (what is the intersection here with MMPs?)**

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December 15, 2015

MINISTER OF JUSTICE
MINISTRE DE LA JUSTICE

The Honourable Jane Philpott, P.C., M.P.
Minister of Health
House of Commons
 Ottawa, ON K1A 0A6

2015 JUN - 6 P 3:34

RECEIVED/REÇU

✓ **The Honourable Jody Wilson-Raybould, P.C., M.P.**
Minister of Justice and Attorney General of Canada
House of Commons
 Ottawa, ON K1A 0A6

The Honourable Ralph Goodale, P.C., M.P.
Minister of Public Safety
House of Commons
 Ottawa, ON K1A 0A6

Dear Ministers:

Congratulations again on your appointments.

The Centre for Addiction and Mental Health (CAMH) is pleased that your government is working towards the legalization and regulation of cannabis. As you take on this task, we would like to offer our expertise.

As Canada's leading academic health science centre devoted to mental illness and substance use, CAMH is in the unique position of having world-class expertise on both the physiological and epidemiological aspects of cannabis use. In 2011 a CAMH-led team published the Lower-Risk Cannabis Use Guidelines, which are designed to help Canadians moderate their exposure to the risks of cannabis use. In 2014 we released the CAMH Cannabis Policy Framework, which outlines an evidence-based, health-focused regulatory framework for the sale of cannabis. The Framework was developed by an interdisciplinary team of world-renowned CAMH scientists and clinicians. We believe it provides a model for Canadian cannabis policy that would result in a net benefit to public health and safety.

I understand that you will soon be striking a task force to work on these issues. I would welcome the opportunity to discuss how CAMH can share its expertise during this process.

Sincerely,



\attachments

LITERATURE REVIEW

Lower Risk Cannabis Use Guidelines for Canada (LRCUG): A Narrative Review of Evidence and Recommendations

More than 10% of the general adult population in Canada report use (largely recreational) of cannabis in the past year, the highest use rate of any illegal drug.¹ Use rates among adolescents and young adults (i.e., 16-29 years of age) range from 26-46%. While cannabis use – like all psychoactive substance use – is associated with possible harms, it is currently governed by a policy of categorical prohibition in Canada.² Specifically, the current Controlled Drugs and Substances Act (CDSA) makes ‘simple cannabis possession’ a criminal offense; 45,000 Canadians (or 1-2% of all estimated past-year users) are arrested annually for this offense.³ Similarly, current prevention and treatment efforts predominantly aim at abstinence.

The policy approach to cannabis is fundamentally different from current approaches to other popular drugs like alcohol, where a public health approach instead focuses on high-risk users, risky use practices and settings, and especially on modifiable risk factors, to reduce harms to individuals and society.⁴ Given that the majority of harms related to cannabis use appear to occur in selected high-risk users or in conjunction with high-risk use practices, a similar public health-oriented approach to cannabis use should be considered.⁵ Such an approach would rely on targeted and health-oriented interventions mainly aimed at those users at high risk for harms, and not criminalization of use – and its limited effectiveness and undesirable side-effects – as the main intervention paradigm, therefore increasing benefits for society.⁶ Recent surveys consistently show that a majority of Canadians (i.e., >50%) support the decriminalization of personal cannabis use.⁶

An important educational tool in a public health-oriented alcohol policy are so-called ‘Low Risk Drinking Guidelines’.⁷ These use scientific evidence to provide guidelines on practices or patterns of

alcohol use that substantially reduce the risks of experiencing acute and long-term harms.⁷ Similarly, below we summarize data on key modifiable factors that may influence harmful outcomes from cannabis use, with a view to formulating ‘Lower Risk Cannabis Use Guidelines’ (LRCUG) as an evidence-based public health policy tool to reduce harms from (non-medical) cannabis use in the Canadian population.

Early onset of use

Longitudinal studies suggest that early onset of cannabis use (e.g., <16 years) is associated with a higher likelihood of a variety of problems. For example, Lynskey followed a sample of 1,601 high school students, and found that early regular cannabis use (weekly use at age 15) increased the risk of early school leaving.⁸ In a New Zealand birth cohort of 1,003 young people, cannabis use at early age was significantly associated with multiple adverse outcomes in later life, including lower rates of university degree completion.⁹

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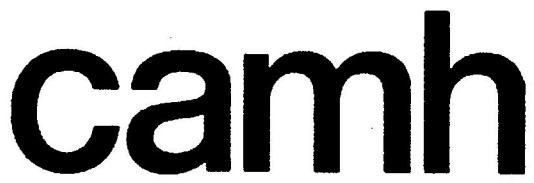
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Conflict of Interest: None to declare.

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68(a)

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de la Loi sur l'accès à l'information**



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CANNABIS POLICY FRAMEWORK

October 2014

A PAHO / WHO
Collaborating Centre

*Fully affiliated with the
University of Toronto*

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Executive summary

Cannabis is a favourite recreational drug of Canadians, along with alcohol and tobacco. Like those drugs, cannabis (popularly known as marijuana) is associated with a variety of health harms. Unlike those drugs, cannabis is illegal, prohibited under the same federal and international drug statutes as heroin and cocaine.

The landscape of cannabis policy is changing. The Netherlands, Portugal, and more recently Uruguay and US states Colorado and Washington have reformed their approach to cannabis control. Here in Canada, changes to the rules of the federal Medical Use of Marijuana program are expected to lead to an increase in the number of registered users over the next few years. Public support for reform of Canada's cannabis laws continues to grow. Meanwhile, we continue to improve our understanding of the health risks of cannabis use.

As Canada's leading hospital for mental illness, the Centre for Addiction and Mental Health (CAMH) offers evidence-based conclusions about cannabis and measures aimed at reducing harm. CAMH has reviewed the evidence on cannabis control and drawn the following conclusions:

- Cannabis use carries significant health risks, especially for people who use it frequently and/or begin to use it at an early age.
- Criminalization heightens these health harms and causes social harms.
- A public health approach focused on high-risk users and practices – similar to the approach favoured with alcohol and tobacco – allows for more control over the risk factors associated with cannabis-related harm.

From these conclusions follows another:

- Legalization, combined with strict health-focused regulation, provides an opportunity to reduce the harms associated with cannabis use.

This approach is not without risks. A legal and unregulated or under-regulated approach may lead to an increase in cannabis use. Finding the right balance of regulations and effectively implementing and enforcing them is the key to ensuring that a legalization approach results in a net benefit to public health and safety while protecting those who are vulnerable to cannabis-related harms.

CAMH neither makes a moral statement on cannabis nor encourages its use. Despite the prohibition of cannabis, more than one third of young adults are users, and our current approach exacerbates the harms. It's time to reconsider our approach to cannabis control.

What we know

Cannabis is the most commonly used illegal drug in Canada

Canada has one of the highest rates of cannabis use in the world. More than 40% of Canadians have used cannabis in their lifetime and about 10% have used it in the past year.¹ No other illegal drug is used by more than 1% of Canadians every year.²

Population surveys in Ontario³ indicate that 14% of adults and 23% of high school students used cannabis in 2013. As shown in the table below, men are nearly 50% more likely to be past-year users than women. Cannabis use is most common among adolescents and young adults, but half of the province's users are age 30 or older. Between 1997 and 2005, cannabis use among adults trended upward – particularly among 18 to 29 year-olds – but has levelled off since then. Among high school students there has been a steady and significant decrease in past-year use since 2003.

CANNABIS USE IN ONTARIO: percentage of the population using cannabis in the past year⁴

	1997	2001	2005	2009	2013
General population (age 18+)	9.1	11.2	14.4	13.3	14.1
By gender					
• Men	11.4	15.4	18.8	17.4	17.6
• Women	7.0	7.3	10.3	9.5	10.8
By age					
• Grades 7-12	28.0*	28.6	26.5	25.6	23.0
• Age 18-29	21.4	26.8	38.2	35.8	40.4
• Age 30-39	9.8	15.8	16.9	12.9	17.3
• Age 40-49	4.3	7.2	10.8	11.7	8.4
• Age 50+	1.7	3.3	2.6	4.7	5.9

* figure from 1999

¹ Health Canada, 2013

² Health Canada, 2013

³ Ialomiteanu et al., 2012; Ialomiteanu et al., 2014; Boak et al., 2013

⁴ All data Ialomiteanu et al., 2012, except Grades 7-12 (Boak et al., 2013) and general population data for 2013 (Ialomiteanu et al., 2014)

60% of past-year adult cannabis users in Ontario use it at least once a month,⁵ and about 27%, or nearly 4% of the total adult population, use it every day.⁶ From other jurisdictions we know that a small proportion of cannabis users is responsible for the bulk of consumption; it is estimated that 20% of users account for 80-90% of consumption.⁷

Most people who use cannabis do not use other illegal drugs, and cannabis use alone does not increase the likelihood that a person will progress to using other illegal substances.⁸

Public opinion on cannabis control has shifted considerably in the past decade. Ten years ago about half of Canadians believed cannabis use should be decriminalized or legalized; today, about two thirds of Canadians hold this view.⁹

Cannabis use carries health risks

Cannabis is not a benign substance. Its health harms increase with intensity of use. Particularly when used frequently (daily or near-daily), cannabis is associated with increased risk of problems with cognitive and psychomotor functioning, respiratory problems, dependence, and mental health problems.

Problems with cognitive and psychomotor functioning

Cannabis use is known to negatively affect memory, attention span, and psychomotor performance. Frequent use may reduce motivation and learning performance, and work or study can be negatively affected as a result.¹⁰ In adults, these changes are not generally permanent; effects usually dissipate several weeks after use is discontinued.

Most significant from a public health perspective is the impact of cannabis use on the skills necessary for safe driving and the substantial increase of risk of motor-vehicle accidents.¹¹ In Ontario, an estimated 9% of licensed drivers aged 18 to 29 and 10% of those in grades 10 to 12 report having driven within an hour of using cannabis in the past year.¹² Rates of cannabis-impaired driving exceed rates of alcohol-impaired driving for both age groups. Although the accident risk associated with cannabis-impaired driving is significantly lower than that of alcohol-impaired driving, it is a serious concern: motor-vehicle accidents due to impaired driving are the main contribution of cannabis to Canada's burden of disease and injury.

⁵ Ialomiteanu et al., 2014

⁶ Health Canada, 2013

⁷ Room et al., 2010

⁸ Room et al., 2010

⁹ National Post, 2013; Ottawa Citizen, 2014

¹⁰ Block et al., 2002; Pope et al., 1996

¹¹ Hartman and Huestis, 2013; Hall and Degenhardt, 2009

¹² Ialomiteanu et al., 2012; Boak et al., 2013

Respiratory problems

Like tobacco, cannabis smoke contains tar and other known cancer-causing agents. Regular, long-term cannabis smoking is linked to bronchitis and cancer.¹³ Cannabis smokers often hold unfiltered smoke in their lungs for maximum effect, which adds to these risks. About half of past-year users also smoke tobacco and it is likely that tobacco smoking contributes greatly to – or is the primary cause of – many of these respiratory problems.¹⁴

Dependence

About 9% of cannabis users develop dependence.¹⁵ People who develop cannabis dependence may have difficulty quitting or cutting down and may persist in using it despite negative consequences; those who stop suddenly may experience mild withdrawal symptoms including irritability, anxiety, upset stomach, loss of appetite, disturbed sleep, and depression.¹⁶ Long-term frequent users have a higher risk of dependence than occasional users. By way of comparison, the estimated probability of developing dependence is 68% for nicotine, 23% for alcohol, and 21% for cocaine.¹⁷

Mental health problems

Frequent cannabis use has been found by many studies to be associated with mental illness.¹⁸ It is thought to increase the likelihood of mental illness in people with a pre-existing vulnerability to it and to exacerbate symptoms in people already experiencing mental illness.¹⁹ Even occasional use can increase these risks: it has been estimated that cannabis users have a 40% higher risk of psychosis than non-users.²⁰ Frequent users have an even higher risk – 50% to 200% higher than non-users – indicating a possible dose response. High-potency cannabis – that is, cannabis with a high concentration of tetrahydrocannabinol (THC), the main psychoactive component of cannabis – places users at higher risk of mental health problems than low-potency cannabis.²¹ This association between cannabis use and mental illness is robust but not yet well understood. Causality has not been determined.²²

¹³ Tetrault et al., 2007

¹⁴ Fischer et al., 2011

¹⁵ Lopez-Quintero et al., 2011

¹⁶ Anthony, 2006; Kalant, 2004

¹⁷ Lopez-Quintero et al., 2011

¹⁸ For a summary see Volkow et al., 2014, and Fischer et al., 2011.

¹⁹ McLaren et al., 2009; Hall et al., 2004

²⁰ Moore et al., 2007

²¹ Di Forti et al., 2009

²² McLaren et al., 2009

Cannabis-related harm is concentrated among a limited group of high-risk users

At the levels and patterns of use reported by most adult cannabis users, the health risks are modest – significantly lower than tobacco or alcohol. The table below lists the estimated intrinsic or inherent risks of six different drugs, rated along different dimensions of harm on a scale of 0 to 100 (with 100 representing the highest risk):²³

	Alcohol	Tobacco	Cannabis	Amphe-tamines	Heroin	Cocaine/Crack
Lethality*	50	0	0	20	100	22.5
Damage to physical health	80	100	20	30	20	40
Impairment of mental functioning	65	0	30	60	30	80

* Expressed as ratio of lethal dose and standard dose

The health risks of cannabis increase significantly with intensity of use; frequency of use is a strong predictor of cannabis-related harms.²⁴ Problems with cognitive, psychomotor, and respiratory functioning, as well as dependence and mental health problems, are all concentrated among people who use cannabis daily or near-daily – an estimated 20-30% of users.

There is also a strong and growing body of evidence that regular cannabis use in adolescence can seriously harm the developing brain. Early regular cannabis use is associated with low levels of educational attainment, diminished life satisfaction, higher likelihood of developing cannabis use disorder, and increased risk of developing mental health problems.²⁵ Several studies have suggested that cannabis use before the age of 18 increases the risk of developing schizophrenia.²⁶ And while the cognitive problems associated with regular cannabis use diminish after about a month of non-use for adults, these effects may not be reversible in adolescent users.²⁷ These findings are of concern, given that about 3% of Ontario's high school students – an estimated 26,000 adolescents – use cannabis daily.

In 2011, a team led by Dr. Benedikt Fischer and Dr. Jürgen Rehm of CAMH developed and published a set of lower-risk cannabis use guidelines (LRCUG).²⁸ Noting that cannabis-related harm is mainly concentrated among a limited sub-group of users who use cannabis heavily and/or began to use it at an early age, and that these risk factors are potentially modifiable, the authors recommended these guidelines as a way of reducing the harms of cannabis use at an individual and a population level. Modelled on the example of low-risk drinking guidelines that

²³ Nutt et al., 2010

²⁴ Fischer et al., 2011

²⁵ For a summary see Volkow et al., 2014, and Fischer et al., 2011.

²⁶ For a summary see Lynch et al., 2012.

²⁷ Porath-Waller, 2009

²⁸ Fischer et al., 2011

have been introduced in Canada and elsewhere, this proposal for LRCUG can be summarized as follows:

Although abstinence is the only way to completely avoid the health risks of cannabis use, for those who do use it, the risks are expected to be reduced if:

- use is delayed until early adulthood
- frequent (daily or near-daily) use is avoided
- users shift away from smoking cannabis towards less harmful (smokeless) delivery systems such as vaporizers
- less potent products are used, or THC dose is titrated
- driving is avoided for 3 to 4 hours after use, or longer if needed
- people with higher risk of cannabis-related problems (e.g. people with a personal or family history of psychosis, people with cardiovascular problems, and pregnant women) abstain altogether

These guidelines have been endorsed by a number of organizations including CAMH and the Canadian Public Health Association (CPHA) as an educational means of reducing high-risk cannabis uses and practices.

Criminalization of cannabis use causes additional harms, without dissuading it

In Canada criminal law governs the production and possession of cannabis via the Controlled Drugs and Substances Act (CDSA). Recreational cannabis users must either buy it on the black market or grow it themselves, both of which constitute production / trafficking offenses under the CDSA. This prohibition introduces individual and social costs beyond the health risks.

Around 60,000 Canadians are arrested for simple possession of cannabis every year, accounting for nearly 3% of all arrests.²⁹ The maximum sentence for first-time offenders is a \$1,000 fine and six months in jail. At least 500,000 Canadians carry a criminal record for this offense, which can significantly limit a person's employment opportunities and place restrictions on their ability to travel.³⁰ The enforcement of cannabis laws is very costly: for 2002, the annual cost of enforcing cannabis possession laws (including police, courts, and corrections) in Canada was estimated at \$1.2 billion.³¹

²⁹ Statistics Canada, 2013

³⁰ Erickson and Fischer, 1995

³¹ Rehm et al., 2006

The prohibition of cannabis and criminalization of its users does not deter people from consuming it. The evidence on this point is clear: tougher penalties do not lead to lower rates of cannabis use.³² In jurisdictions like Canada where cannabis use is prohibited, large proportions of the population use it nonetheless – often at higher levels than jurisdictions with more relaxed cannabis control regimes – exposing themselves to criminality and risking being caught up in the criminal justice system. People who are already vulnerable are affected disproportionately; evidence suggests that “police often use the charge of cannabis possession as an easy way of harassing or making life difficult for marginalized populations.”³³

Legal reform of cannabis control is needed

All available evidence indicates that criminalization of cannabis use is ineffective, costly, and constitutes poor public policy. This viewpoint is far from new, having notably been articulated in Canada by the federal government’s Le Dain Commission in 1972, the Senate in 1974, the Canadian Bar Association in 1994, the Canadian Centre on Substance Abuse in 1998, CAMH in 2000, the Fraser Institute in 2001, the Senate Special Committee on Illegal Drugs in 2002, the Canadian Drug Policy Coalition in 2013, and the Canadian Public Health Association in 2014. The case for change generally rests on four evidence-based propositions:³⁴

- 1) Prohibition has not succeeded in deterring cannabis use.
- 2) The risks and harms of cannabis are lower than those of tobacco or alcohol.
- 3) Cannabis can and should be separated from illicit drug markets, in which users are exposed to other (more dangerous) illegal drugs.
- 4) The resources spent enforcing laws against personal cannabis use are better allocated elsewhere.

It is clear from the evidence that Canada needs legal reform in order to implement a public health approach to cannabis that reduces its harms to individuals and society.

³² Room et al., 2010

³³ Room et al., 2010: 72

³⁴ Room et al., 2010

Why legalize and regulate?

In Canada the government's approach to substance use has been that it's mainly a criminal justice issue. Cannabis and other drugs are viewed through a law enforcement lens. There's no disputing that cannabis use can, in some cases and for some people, be harmful. It does not follow that prohibition is the most sensible or healthy policy. As Room et al. point out, "In modern societies, a finding of adverse effects does not settle the issue of the legal status of a commodity; if it did, alcohol, automobiles, and stairways, for instance, would all be prohibited, since use of each of these results in substantial casualties."³⁵

A public health approach to substance use treats it as a health issue – not a criminal one. Such an approach is based on evidence-informed policy and practice, addressing the underlying determinants of health and putting health promotion and the prevention of death, disease, injury, and disability as its central mission.³⁶ It seeks to maximize benefit for the largest number of people through a mix of population-level policies and targeted interventions. This philosophy guides Canadian approaches to alcohol and tobacco, and it should guide our approach to cannabis as well:

"The [current] policy approach to cannabis is fundamentally different from current approaches to other popular drugs like alcohol, where a public health approach instead focuses on high-risk users, risky use practices and settings, and especially on modifiable risk factors, to reduce harms to individuals and society. Given that the majority of harms related to cannabis use appear to occur in selected high-risk users or in conjunction with high-risk use practices, a similar public health-oriented approach to cannabis use should be considered. Such an approach would rely on targeted and health-oriented interventions mainly aimed at those users at high risk for harms, and not criminalization of use – and its limited effectiveness and undesirable side effects – as the main intervention paradigm, therefore increasing benefits for society."³⁷

With a wide range of options for reforming cannabis control, the question before us is this: What legal and regulatory approach can best reduce the risks of health and social harms associated with cannabis use? For a detailed discussion of the range of possible reforms both within and beyond the current international drug regime, see Room et al., 2010. This section will discuss decriminalization (i.e. prohibition with civil rather than criminal penalties) and legalization with strict regulation – and why the evidence favours the latter.

³⁵ Room et al., 2010: 15

³⁶ Canadian Public Health Association, 2014

³⁷ Fischer et al., 2011: 324

Decriminalization: a half measure

Models of cannabis decriminalization vary greatly, but generally they involve removing possession of small amounts of cannabis from the sphere of criminal law. Prohibition remains the rule, but sanctions for possession and use of cannabis instead become civil violations punishable by a small fine.

Evidence suggests that a decriminalization approach can reduce some of the adverse social impacts of criminalization.³⁸ Removing criminal penalties for cannabis possession should result in a reduction in both the number of people caught up in the criminal justice system and the cost of enforcement, thus reducing the burden to individuals and to the legal system. There is little evidence that decriminalization causes an increase in the consumption of cannabis or the prevalence of cannabis dependence.³⁹

In Portugal, possession and use of all drugs have been decriminalized since 2001. The Portuguese model focuses on diversion: drug use is formally prohibited but authorities refer users to a three-person panel whose primary aim is to direct people with substance use problems to treatment. These panels are also empowered to apply civil penalties such as fines. Since the implementation of this system, Portugal has seen declines in substance misuse and in drug-related harm, a reduced burden on the criminal justice system, and a reduction in the use of illicit drugs by adolescents.⁴⁰ Although it is not possible to conclusively attribute these trends in Portugal to the shift to decriminalization and diversion, these findings present a strong challenge to the notion that decriminalizing drugs – whether cannabis or others – must result in increased misuse, dependence, and harm.

These advantages of decriminalization are significant. But this model fails to address several of the harms associated with prohibition of cannabis use:

- Under decriminalization, cannabis remains unregulated, meaning that users know little or nothing about its potency or quality.
- As long as cannabis use is illegal, it is difficult for health care or education professionals to effectively address and help prevent problematic use. The law enforcement focus of prohibition drives cannabis users away from prevention, risk reduction and treatment services.
- Decriminalization may encourage commercialization of cannabis production and distribution – without giving government additional regulatory tools. Those activities remain under the control of criminal elements, and for the most part users must still obtain cannabis in the illicit market where they may be exposed to other drugs and to criminal activity.

³⁸ Room et al., 2010

³⁹ Room et al., 2010

⁴⁰ Hughes and Stevens, 2010

The experiences of jurisdictions that have decriminalized cannabis possession also suggest that there can be unintended consequences. In many such places the advantages of decriminalization have been undermined by “police practices that increase the number of users who are penalized.”⁴¹ This phenomenon is referred to as “net widening”: “more people are getting caught up in the enforcement net, even if they suffer less serious consequences on average.”⁴² In addition, fines are a regressive penalty in the sense that they place a disproportionate burden on low-income individuals. There is a risk of “secondary criminalization” if people who are unable to pay a fine are then charged criminally.⁴³ Thus the main theoretical benefit of decriminalization – a reduction in adverse social impacts – is unlikely to be equally spread through society.

Following the publication of the results of the Commission on Social Determinants of Health in 2008, the World Health Organization has placed a high emphasis on health equity and has made a commitment to implementing a Social Determinants of Health approach to reducing health inequities.⁴⁴ This involves the routine examination and evaluation of whether health policy measures are not only effective in reducing a jurisdiction’s health burden, but also in reducing health inequities.⁴⁵ In this context, any policy change for cannabis should be examined on its potential to reduce or increase health inequity. The current system of cannabis control in Canada causes high levels of inequity, with racialized minorities having a higher chance of being arrested and prosecuted for cannabis use offences.⁴⁶ Decriminalization, being prone to police discretion and to racial profiling, is unlikely to remove or improve this inequity.

The unintended consequences of decriminalization are particularly important in view of a model proposed by the Canadian Association of Chiefs of Police (CACP) in August 2013. Police would be given the option to issue a ticket under the Controlled Drugs and Substances Act for possession of small amounts of cannabis, but would also retain the ability to lay criminal charges under the Act. According to the CACP, this proposal would “expand the range of enforcement options available to more effectively and efficiently address the illicit possession of cannabis while maintaining the ability to lay formal court process charges.”⁴⁷ In view of what we know about the disproportionate targeting of marginalized and vulnerable populations, giving police discretion to apply more or less severe enforcement options for the same offense is unlikely to positively impact health equity.

⁴¹ Room et al., 2010: 127

⁴² Room et al., 2010: 147

⁴³ Room et al., 2010

⁴⁴ Commission on Social Determinants of Health, 2008; see also the Rio Political Declaration on Social Determinants of Health.

⁴⁵ Blas and Kurup, 2010

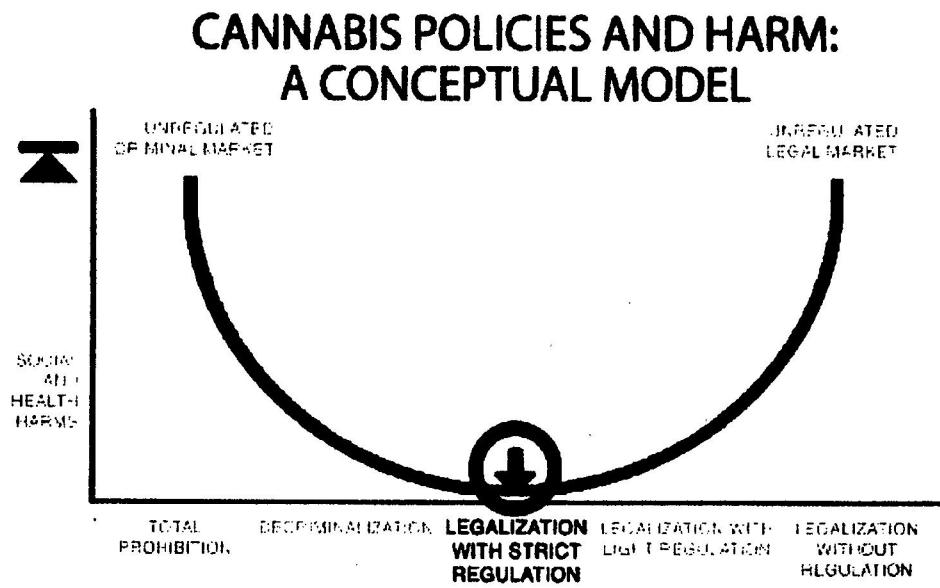
⁴⁶ Wortley and Owusu-Bempah, 2012; Khenti, 2014

⁴⁷ Canadian Association of Chiefs of Police, 2013

Legalization: an opportunity for evidence-based regulation

Legalization removes the social harms and costs of prohibition. Removing criminal and civil penalties for possession of cannabis would eliminate the more than \$1 billion Canada spends annually to enforce cannabis possession laws, unequal enforcement of those laws, involvement of cannabis users in the illicit drug market, and the burden a cannabis-related criminal record places on a person's employment and travel opportunities. In a jurisdiction where cannabis production and distribution are legal and properly regulated, criminal involvement in those activities should shrink significantly and potentially disappear.

Legalization alone does not reduce the health risks and harms of cannabis. It presents governments with the opportunity to regulate cannabis to mitigate those risks – something that cannot effectively be done under prohibition or decriminalization. We know from decades of research on tobacco and alcohol control that choosing the right mix of regulations is crucial: "Whether legalization is a net positive or negative for public health and safety largely depends on regulatory decisions and how they are implemented."⁴⁸ The graph below illustrates this point. Both total prohibition and, at the other extreme, unregulated legalization can result in similarly heavy social and health harms.



* Adapted from Apfel, 2014, "Cannabis: From Prohibition to Regulation"

⁴⁸ Apfel, 2014: 1

Moving from prohibition to regulation

Two legal issues pose challenges to ending prohibition in Canada. First, since cannabis is subject to federal legal controls in Canada, any provincial initiative to reform cannabis policy would first have to be sanctioned by the federal government. Second, Canada is a party to international drug control treaties that prohibit the production and use of cannabis for non-scientific and non-medical purposes. Much like the inclusion of cannabis in Canada's federal drug control laws, the genesis of this international prohibition is best described as a "historical accident;" it was not based on any evidence that the harms of cannabis were sufficient to warrant it or could be effectively managed by it.⁴⁹ While these international treaties are legally binding, countries can opt to denounce elements of treaties they disagree with or push for meaningful treaty reform.⁵⁰ For detailed discussions of these legal questions, as well as possible paths forward, see Room et al. 2010, Room 2013, and Apfel 2014.

Principles to guide health-focused cannabis control

Regulating legal cannabis markets with improved public health as the main objective would be a complex undertaking spanning production, distribution (supply), and consumption (possession and use). From alcohol control we know that strategies to reduce harm must be coordinated and multi-sectoral, with effective controls on availability (e.g. retail location density, hours of sale) and accessibility (e.g. minimum age requirements, price levels) as well as targeted education and health promotion that sensitize the public – particularly vulnerable groups – to harms and risks.⁵¹

CAMH offers ten basic principles to guide regulation of legal cannabis use. These should be considered a starting point – minimum requirements for a public health-focused regulatory framework.

- 1) **Establish a government monopoly on sales.** Control board entities with a social responsibility mandate provide an effective means of controlling consumption and reducing harm.
- 2) **Set a minimum age for cannabis purchase and consumption.** Sales or supply of cannabis products to underage individuals should be penalized.
- 3) **Limit availability.** Place caps on retail density and limits on hours of sale.

⁴⁹ Room et al., 2010; Schwartz, 2014

⁵⁰ Room, 2012

⁵¹ See Babor et al., 2010, and Canadian Public Health Association, 2011.

- 4) **Curb demand through pricing.** Pricing policy should curb demand for cannabis while minimizing the opportunity for continuation of lucrative black markets. It should also encourage use of lower-harm products over higher-harm products.
- 5) **Curtail higher-risk products and formulations.** This would include higher-potency formulations and products designed to appeal to youth.
- 6) **Prohibit marketing, advertising, and sponsorship.** Products should be sold in plain packaging with warnings about risks of use.
- 7) **Clearly display product information.** In particular, products should be tested and labelled for THC and CBD (cannabidiol)⁵² content.
- 8) **Develop a comprehensive framework to address and prevent cannabis-impaired driving.** Such a framework should include prevention, education, and enforcement.
- 9) **Enhance access to treatment and expand treatment options.** Include a spectrum of options from brief interventions for at-risk users to more intensive interventions.
- 10) **Invest in education and prevention.** Both general (e.g. to promote lower-risk cannabis use guidelines) and targeted (e.g. to raise awareness of the risks to specific groups, such as adolescents or people with a personal or family history of mental illness) initiatives are needed.

A successful public health approach would embed these policies and interventions in a comprehensive strategy that includes research, knowledge exchange, and evaluation. A portion of government revenues from cannabis should be formally dedicated to these activities.

Potential risks, and how to mitigate them

As discussed above, early initiation and frequent use are the two main factors associated with long-term harm from cannabis. We know that youth are particularly susceptible to cannabis-related harms. A public health-informed cannabis control strategy would include education and prevention measures aimed at curbing potential increases in use as well as risky practices such as impaired driving. Still, the possibility that legalization could lead to higher levels of cannabis use among adolescents and/or an earlier age of onset must be considered. What does the evidence say about the impacts of legalization both among youth and the general population?

Until recently, discussions of legalization were strictly hypothetical, but in 2012 Uruguay and two US states, Colorado and Washington, announced plans to legalize recreational cannabis use. Uruguay has passed legislation intended to make it the first country to legalize and regulate the possession and production of cannabis for personal use. Cannabis has been legally

⁵² For an overview of CBD and a discussion of its potential therapeutic uses, see Izzo et al., 2009.

bought and sold in Colorado and Washington since January and July 2014 respectively but it is too early to draw any firm conclusions about the impact of legalization from their experiences. Neither state has adopted a health-focused regulatory model like the one described above – one with strict controls on availability, marketing, and product potency and formulation.⁵³

The experience of the Netherlands is instructive. Cannabis use remains illegal in the Netherlands but has been tolerated for decades through a system of “coffee shops” that sell small amounts of cannabis. The introduction of *de facto* legalization initially led to an increase in the percentage of youth having used cannabis, but once the government increased its oversight of coffee shops to ensure that there was no advertising and no sales to those under 18 years old, there was a decline in use among youth aged 15 to 24. On balance, the Netherlands’ approach has not been associated with increased use of cannabis at the population level among adults or youth.⁵⁴ There is also evidence that this model has separated cannabis and its users from the “harder” drug markets. Finally, a study comparing cannabis use in Amsterdam and San Francisco (where cannabis is prohibited) did not find a difference between the two cities with respect to age at onset of use, age at the start of regular use and age at the start of maximum use.⁵⁵

On the other hand, we know that increases in alcohol availability are associated with increases in alcohol-related problems. Although cannabis is already easily accessible in Canada, it is possible that a transition to a tightly regulated legal cannabis market could lead to an initial increase in use among the general population and/or particular at-risk groups. This makes rigorous evaluation of any legal reform all the more essential. A government legalizing cannabis use would need to clearly define its priorities and objectives, establish measurable indicators for those objectives, and build in the capacity and flexibility to adjust as needed based on the measured impact of reforms. It should watch for negative unintended consequences and be prepared to alter its course if and when necessary.

Some observers fear that legalization would “send the wrong message” about the risks of cannabis. But rates of cannabis use in Canada suggest that youth are not getting the “right” message. Despite prohibition, 23% of Ontario’s high school students and 40% of young adults use cannabis. A 2013 UNICEF study of 29 wealthy nations found that Canadian youth rank first in cannabis use but third from last in tobacco use – even though cannabis is illegal while tobacco is legal.⁵⁶ In the process they are exposed to illicit drug culture and markets and have little or no reliable information about the potency or quality of the cannabis they consume.

Sending the “right” message about the risks of cannabis use is important, and any reform of Canada’s system of cannabis control should include a strong prevention focus as well as interventions aimed at groups known to be at higher risk of harm, such as youth and people

⁵³ Room, 2013

⁵⁴ Room et al., 2010

⁵⁵ Room et al., 2010

⁵⁶ UNICEF, 2013

with a personal or family history of mental illness. But some people will use cannabis regardless of its legal status, and a significant advantage of legalization is that it provides the opportunity to control some important factors related to the risk of harm. Limiting cannabis potency and curtailing higher-risk products and formulations are two concrete examples of regulation that has the potential to reduce the harms associated with cannabis use for youth and people with a personal or family history of mental illness.

The lessons of one jurisdiction cannot be directly imported to another, but the experience of the Netherlands and the history of alcohol control suggest that legalization with strict regulation – cautiously implemented, continuously evaluated and adjusted as required – need not necessarily lead to increased use. Developments in the United States, Uruguay and elsewhere should be closely monitored, with the hope that their experiences – positive and negative – will shed further light on policy options for effectively reducing cannabis-related health risks in a legal, regulated setting.

Finally, as we know from tobacco and alcohol, private-sector actors in a legal cannabis market – like any profit-motivated entity – would seek to push the boundaries of health-focused regulation. But unlike tobacco and alcohol, in Canada we may have the opportunity to pre-empt this conflict that exists between public health goals and the profit motive: “For most jurisdictions cannabis offers a blank canvas; an opportunity to learn from past errors, and replace criminal markets with regulatory models that are built on principles of public health and wellbeing from the outset, without a large-scale legal commercial industry resisting reform.”⁵⁷

This may not be the case for long. Already, the federal government’s recent overhaul of medical cannabis regulations have created a “green rush” of investment in legal cannabis production, and many of the entrepreneurs involved have their eyes set on eventual legalization and the extraordinary business opportunities it would bring.⁵⁸ The creation of a cannabis industry with an incentive to find new customers, retain existing ones, and encourage high levels of consumption should be of concern – as should the possibility of a government growing accustomed to revenues from cannabis sales or taxes. It is critical that legal reform of cannabis control be conducted with public health as its primary objective and that the resulting regulatory framework be carefully protected from commercial and fiscal interests.

⁵⁷ Apfel, 2014: 17

⁵⁸ CBC News, 2014; New York Times, 2014; Barmak and McCullough, 2013. See also Fischer et al., 2014.

Conclusion

A finding that a product or practice has adverse effects does not necessarily imply that prohibition is the most sensible or healthy system of control. Public policy must be grounded in a more holistic understanding of the relative risks to individuals and society.

Cannabis use is risky – and some individuals are particularly vulnerable – but prohibition has not succeeded in preventing cannabis use or mitigating its harms. On the contrary, it has exacerbated the health harms of cannabis and created costly social ones as well. Legalizing and strictly regulating cannabis allows for more control over the risk factors associated with cannabis-related harm.

To reduce harm, legalization of cannabis is a necessary – but not a sufficient – condition. It must include effective controls on availability and regulations that steer users towards less harmful products and practices. It must be embedded in a comprehensive strategy with a strong prevention focus and a range of interventions aimed at groups at higher risk of harm, such as youth and people with a personal or family history of mental illness. Finding the right mode and balance of regulation, and effectively implementing and enforcing them, will be key to ensuring that this approach results in a net benefit to public health and safety. Such a model appears to be the healthiest and most sensible way forward. CAMH welcomes further discussion of this topic.

About CAMH

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in the area of addiction and mental health. CAMH combines clinical care, research, education, policy development and health promotion to help transform the lives of people affected by mental health and addiction issues.

CAMH's Strategic Plan, *Vision 2020: tomorrow.today*, re-affirms our commitment to advocating for public policies that are responsive to the needs of people with mental illness and addictions. As one of the six pillars of this plan, CAMH is committed to "Driving Social Change" by playing a leading role in transforming society's understanding of mental illness and addiction and building a better mental health care system. CAMH aims to be a champion for health equity, social justice and inclusion for those with mental illness and addiction. To help achieve these goals, CAMH communicates evidence-based policy advice to stakeholders and policymakers.

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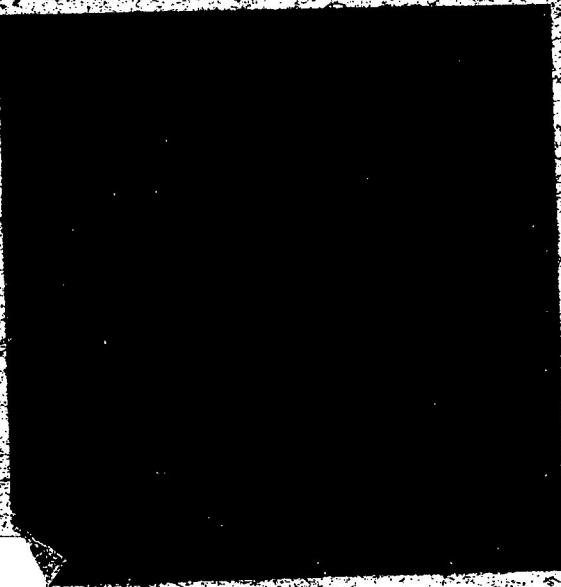
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270801

Ministerial Correspondence Unit - Justice Canada

From: Wilson-Raybould, Jody - M.P. <Jody.Wilson-Raybould@parl.gc.ca>
Sent: December-16-15 12:14 PM
To: Ministerial Correspondence Unit - Justice Canada
Subject: FW: Concern for the sick, disabled and terminally ill

From: [REDACTED] @canadiantherapeuticcannabispartners.com]
Sent: December 16, 2015 11:56 AM
To: Philpott, Jane - M.P.
Cc: Wilson-Raybould, Jody - M.P.; Goodale, Ralph E. - M.P.; Trudeau, Justin - Député; Qualtrough, Carla - M.P.
Subject: Concern for the sick, disabled and terminally ill

To:

The Honourable Jane Philpott - Minister of Health

C/C:

The Honourable Jody Wilson-Raybould - Minister of Justice - Attorney General of Canada

The Honourable Ralph Goodale - Minister of Public Safety and Emergency Preparedness

The Honourable Carla Qualtrough - Minister of Sport and Persons with Disabilities

The Right Honourable Justin Trudeau - Prime Minister

Dear Ms. Philpott,

[REDACTED]

a non profit organization operating nationally as Canadian Medical Cannabis Partners Society (B.C. Registration - Canadian Therapeutic Cannabis Partners Society #S-0062717).
<https://www.canadiantherapeuticcannabispartners.com/>

We represent tens of thousands of sick, disabled and terminally ill people in our great nation who use Cannabis (marijuana) as medicine.

I have sent several emails regarding the medicinal use of Cannabis (marijuana) over the last few weeks that contained video presentations that expressed concerns about the following;

1) Ending the directive issued by the previous Harper government to Health Canada that ended the Medical Marijuana Access Regulations (MMAR) which allows the sick, disabled and terminally ill people of our great nation to grow their own Cannabis (marijuana) or designate a caregiver to do it for them if they are not able to themselves.

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2) Ensuring that there are exceptions in the new legalization framework for dignified access for the sick, disabled and terminally ill people of our great nation through tax breaks, insurance coverage and expense deductions from the C.R.A.

I'm not sure that this subtle method of communication has been taken seriously or just dismissed out of hand as I have received no email replies and heard nothing in the way of public announcements.

I am hoping this more direct approach will at least be acknowledged and considered as time is running out for this marginalized group who, through no fault of their own, have been put in a position of choosing between their health and their freedom.

I will try to keep it simple by asking you just a few of direct questions.

A) Will you immediately reinstate the MMAR program or a similar program?

B) Will you acknowledge the urgency of this issue and take immediate action?

C) Will the medicinal use of Cannabis (marijuana) be considered in the legalization framework?

We realize that you have been very busy dealing with various other urgent issues, some of which concern helping many other worthy groups such as refugees and First Nations people but perhaps during this holiday break, you could take some time to consider our cause.

We realize the the issue of medicinal use in a legalization framework will take time, we see no reason why immediate action can not or should not be taken on he personal production issue.

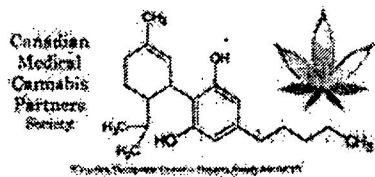
If you missed the video presentations, they can be accessed here;

<https://www.canadiantherapeuticcannabispartners.com/video/>

Thank You for your time and I look forward to your reply.



Canadian Medical Cannabis Partners Society



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MCU / UCM

Ministerial Correspondence Unit / Unité de la correspondance ministérielle Routing Slip / Feuille de contrôle

Document Date / Date du document: 2015-12-16
Date of Receipt / Reçu le: 2015-12-16

MCU # / # UCM: 2015-016376

Author /
Auteur:

Canadian Medical Cannabis Partners Society

Doc Type / Type de Doc: I

Subject / Sujet: 270801
Health - General

@canadiantherapeuticcannabispartners.com

Due Date / Date d'échéance:

Sector's Due Date / Date d'échéance du secteur:

Assigned To / Assigné à: MCU-FILE

Assigned Date / Assigné le: 2015-12-31

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signed on / signée le _____

Comments / Remarques:

INSTRUCTIONS

- D: Draft response / Faire un projet de réponse
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remarques)
F: Action at your discretion / Donner suite à votre discréction
 Further letter to be combined with a previous document (see comments) / Nouvelle lettre à joindre à un document précédent (voir
remarques)
I: For your information (no action required) / À titre d'information (aucune mesure requise)

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Ministerial Correspondence Unit - Justice Canada

From: Public Safety MCU / Sécurité publique UCM (PS/SP) <ps.publicsafetymcu-securitepubliqueucm.sp@canada.ca>
Sent: December-17-15 8:53 AM
To: jeff@420clinic.ca
Subject: Reply from Public Safety Canada - GDL000943

Dear [REDACTED]

I would like to acknowledge receipt of your correspondence addressed to the Minister of Public Safety and Emergency Preparedness, the Honourable Ralph Goodale, regarding the task force for legalization of marijuana.

Since the matter raised in your correspondence falls more properly under the jurisdiction of the Minister of Justice and Attorney General, the Honourable Jody Wilson-Raybould, I have taken the liberty of forwarding a copy of your correspondence to her office for information and consideration.

Thank you for writing.

N. Durocher
Ministerial Correspondence Unit

From: Public Safety MCU / Sécurité publique UCM (PS/SP)
Sent: Friday, December 04, 2015 2:51 PM
To: Public Safety MCU / Sécurité publique UCM (PS/SP)
Subject: WEBMAIL: taskforce for legalization

Salutation N/A

First Name [REDACTED]

Last Name [REDACTED]

Title [REDACTED]

Organization 420 Clinic

Address 1336 9th ave se

City Calgary

Country Canada

Province / State Alberta

Postal / Zip Code t2g0t3

Code [REDACTED]

Email [REDACTED]@420clinic.ca

Subject taskforce for legalization

Comments Hello ,

[REDACTED] 420 Clinic in Calgary and I would like to contact anyone involved with the task force (if one exists) for the distribution and legalization of Marijuana. I believe I have more knowledge on the subject than anyone in Alberta and I have been helping the City of Calgary work on the zoning of such. [REDACTED] a clinic to help Doctors and patients alike in this legal Process now under the MMPR and have always operated under the legal framework.

I would like to volunteer time knowledge and effort to help build the proper framework with Alberta. I have concerns that we will leave the medical patient in the weeds if this is not done properly.

s.19(1)

MCU / UCM

Ministerial Correspondence Unit / Unité de la correspondance ministérielle Routing Slip / Feuille de contrôle

Document Date / Date du document: 2015-12-17
Date of Receipt / Reçu le: 2015-12-17

MCU # / # UCM: 2015-016408

Author / Ms. Nathalie Durocher
Auteur:

Doc Type / Type de Doc: R

Public Safety

Subject / Sujet: 150017

Law - Controlled Drugs and Substances Act

Ottawa ON K1A 0P8

Due Date / Date d'échéance: 2016-02-12

Nathalie.Durocher@ps-sp.gc.ca

Sector's Due Date / Date d'échéance du secteur:

Copy to: [REDACTED]

Assigned To / Assigné à: MCUED8

Assigned Date / Assigné le: 2015-12-31

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377, rue Bank Street,
Ottawa, Ontario K2P 1Y3
tel./tél. 613 236 7238 fax/téléc. 613 563 7861

016-000444
MCUED3
150017

December 21st, 2015

Jody Wilson-Raybould
Minister of Justice
1245 West Broadway
Suite 104
Vancouver, BC V6H 1G7

RE: Distribution of marijuana

Dear Minister,

As you are aware, the government has signaled its intention to legalize and regulate the production and distribution of marijuana in Canada. CUPW welcomes the end of the prohibition era and looks forward to a time free of such harmful policies.

As your government develops its plan to regulate the distribution of marijuana, we would like to draw your attention to the current methods which are in place for access to medical cannabis.

While changes brought in by the previous government were extremely harmful in terms of access and cost for patients, they were also positive in that they allowed for a greater selection of strains and developed a secure distribution method between patients and suppliers.

Currently the only legal way to obtain cannabis is through the mail.

Canada Post is fully capable of providing secure delivery of cannabis, in a timely manner, while verifying ID of the customer and even requiring a signature. There are other controls currently in place (such as the requirement of proof of purchase while in possession of medical cannabis) which may or may not be useful in the post-prohibition era.

.../2



s.19(1)

Minister of Justice
December 21st, 2015

2

It is our belief that this system could simply be extended to those seeking access to cannabis for personal or recreational use. This plan would maintain the high security standards which are currently in place and could be accomplished quickly and efficiently utilizing existing federal infrastructure: our public post office.

Sincerely,



Cc Justin Trudeau, Canada Prime Minister
Judy Foote, Minister of public Services and Procurement
CUPW National Executive Board Members

MP/Ig cope 225





377, rue Bank Street,
Ottawa, Ontario K2P 1Y3
tel./tél. 613 236 7238 fax/téléc. 613 563 7861

Le 21 décembre 2015

Madame Jody Wilson-Raybould
Ministre de la Justice
1245 Broadway Ouest
Bureau 104
Vancouver, BC V6H 1G7

Objet : Distribution de cannabis

Madame la Ministre,

Votre gouvernement a exprimé son intention de légaliser et de réglementer la production et la distribution de cannabis au Canada. Le Syndicat des travailleurs et travailleuses des postes (STTP) salue la fin de l'interdiction du cannabis et se réjouit de l'arrivée d'une nouvelle ère libérée de politiques aussi néfastes.

Dans le cadre de l'élaboration du plan du gouvernement visant à réglementer la distribution du cannabis, le STTP tient à attirer votre attention sur les méthodes actuelles de distribution du cannabis thérapeutique.

Les changements adoptés par le gouvernement Harper se sont avérés extrêmement nuisibles quant à l'accès et au coût pour les patients, mais ils présentaient l'avantage d'autoriser la culture de variétés accrues de cannabis et prévoyaient une méthode de distribution sécuritaire entre fournisseurs et patients.

À l'heure actuelle, la poste est la seule façon légale de se procurer du cannabis.

Postes Canada est tout à fait en mesure de livrer du cannabis de manière sécuritaire, sans retard, et de vérifier l'identité du client, voire d'exiger sa signature. D'autres mesures de contrôle sont actuellement en place (par exemple l'obligation de fournir une preuve d'achat si l'on est en possession de cannabis thérapeutique). La pertinence de ces mesures sera à confirmer une fois la production et la distribution de cannabis légalisées et réglementées.

.../2



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Madame la Ministre
Le 21 décembre, 2015

2

Le STTP estime que le système actuel pourrait tout simplement s'appliquer aussi aux personnes qui souhaitent se procurer du cannabis à des fins personnelles ou récréatives. Ainsi, les normes de sécurité élevées actuellement en vigueur continueraient de s'appliquer, et la distribution de cannabis se ferait de manière rapide et efficace grâce à l'infrastructure du service postal public.

Recevez, Madame la Ministre, mes sincères salutations.



CC : Justin Trudeau, premier ministre du Canada
Judy Foote, ministre des Services publics et de l'Approvisionnement
Conseil exécutif national du STTP

/map scfp 1979
/lg sepb 225



s.19(1)

Ministerial Correspondence Unit - Justice Canada

From: Wilson-Raybould, Jody - M.P. <Jody.Wilson-Raybould@parl.gc.ca>
Sent: January-04-16 1:17 PM
To: Ministerial Correspondence Unit - Justice Canada
Subject: FW: Distribution of marijuana / Distribution de cannabis
Attachments: 2015-12-21_Jody Wilson Raybould_Distribution of marijuana_EN.pdf, 2015-12-21_Jody Wilson Raybould_Distribution de cannabis_FR.pdf

From: [REDACTED] @cupw-sttp.org]
Sent: December 21, 2015 2:51 PM
To: Wilson-Raybould, Jody - M.P.
Subject: Distribution of marijuana / Distribution de cannabis

[REDACTED]
[REDACTED]
CUPW / STTP

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Document Date / Date du document: 2015-12-21
Date of Receipt / Reçu le: 2016-01-04

Author /
Auteur:

Canadian Union of Postal Workers (CUPW)
377 Bank Street
Ottawa ON K2P 1Y3

MCU # / # UCM: 2016-000444

Doc Type / Type de Doc: D

Subject / Sujet: 150017
Law - Controlled Drugs and Substances Act

Due Date / Date d'échéance: 2016-02-18

Sector's Due Date / Date d'échéance du secteur:

Assigned To / Assigné à: MCUED3

Assigned Date / Assigné le: 2016-01-07

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The Honourable Jody Wilson-Raybould
House of Commons
Ottawa, Ontario
Canada K1A 0A6

MINISTER OF JUSTICE
MINISTRE DE LA JUSTICE

201 JAN - 5 A.M. 2017

RECEIVED/REÇU

Dear Ms. Wilson-Raybould (Hon),

It was a great pleasure to vote for you during the last federal election, and we the nation, are looking forward to the positive changes that your government will bring. As a dispensary owner in your riding, I am obviously in support of the de-stigmatization and legalization of cannabis. Despite the current legal turmoil and ambiguities, we play an important role in our community and contribute to the health and well-being of many.

As a businessman wanting to keep cannabis out of the hands of minors and organized crime, I would like to be a part of moving our nation forward, working collectively with the goal of creating a policy that will stand the test of time and is a benefit to all Canadians. A policy built on Canadian ethics, values and the underlying constitutional principles that make this country great.

It is a great honour and privilege to share my opinions, views, and concerns on the legalization and regulation of marijuana within the Canadian framework, as outlined below:

Cannabis & Alcohol

Many have suggested that alcohol and cannabis are a natural fit from a resale perspective. In my opinion, this would have dangerous and disastrous consequences, because of this cannabis and alcohol should never be mixed.

1. Cannabis is regularly used as a natural alternative to medication for individuals who are dealing with addictions to alcohol or harder narcotics. People that have addictions and use cannabis as a treatment to recover from their addiction, should never be forced to go into a liquor store and be faced with the temptation of abundant and available alcohol. Any encouragement of the mixing of alcohol and cannabis will have negative consequences for society.
2. Both Cannabis and alcohol can cause impairment, but together their effect is multiplied, any situation that encourages consumers to combine the two will make it much more difficult for consumers to indulge responsibly. Additionally, given the considerable legacy and negative perception of cannabis, the blame for the lack of responsible consumption and problems that this causes will cast a negative light on cannabis. The eventual backlash will be directed at cannabis, not alcohol, nor at irresponsible consumption, bringing us back to square one.

3. The act of selling alcohol requires very little knowledge, whereas effective cannabis sales requires staff to work diligently with each individual to provide information about the large variety of strains and their chemical constituents. The sales process becomes an essential service to improve the quality of life by empowering individuals with the knowledge and the tools to alleviate their symptoms. As such, it is highly unlikely that due diligence and due care will be provided by a retailer that is focussed on ringing in as many sales as possible in the minimum amount of time.
4. Suggested sales of Cannabis by current alcohol stores will not create more jobs but will increase revenues for liquor stores. This would not be in the best interest of job growth.

Taxation

Cannabis sales may need to be taxed, but setting the appropriate rate is crucial to sustainability.

The multiple levels of Government may want to tax cannabis sales at very high levels to obtain quick revenue for infrastructure and other projects, however, these may be short term gains but will not be sustainable for the long term. There are multiple negative consequences to excessive taxation:

1. Once the tax component on cannabis reaches a certain threshold, people will turn back to the black market where they will be able to get the product from the street, and we will return to having to spend large amounts of money on policing, as opposed to using the funds for more beneficial activities.
2. As business owners, any taxation that we experience will invariably be passed onto our customers, however unlike alcohol sales that are strictly for recreational purposes, our customer base uses cannabis as an alternative to commercially available medications for various reasons. Many of these are low income and disabled people with severe ailments that will be devastated by rising prices. These people will have nowhere to turn to but to the black market for cheaper and inferior products. If the black market also raises its prices due to supply, demand, and open market prices being higher those worst off will suffer the most.

Revenue and jobs

The Liberal Party can keep their commitment in spurring economic growth, job creation, and broad-based prosperity by strengthening the middle class, and helping those working hard to join it through the thoughtful legalization and legitimization of cannabis related industries.

1. We employ people and provide them with the means to earn a living in society. Permitting dispensaries across Canada would spur job creation throughout the country.
2. Increased employment in a fully legalized cannabis industry will not only create jobs, but will contribute funds into Canada Pension Plan, Workman's Compensation, Employment Insurance, and directly into government coffers in the form of Income Tax. Additionally, there will be a reduction in the reliance on the welfare system.

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3. By decriminalizing and licensing cannabis sales at reasonable taxation levels, we will eliminate the profit margins for organized crime and will see a reduction in criminal activities related to drug trafficking. By removing cannabis products from unethical criminals that have no issues with selling to minors, we will ensure that the products are kept out of hands of our future generations during the ages where cannabis may negatively impact their mental development.
4. Our vision of cannabis, as can be seen in our store, eliminates the negative aspects of current cannabis sales. The stigmas and criminal activities commonly associated with our business are eliminated by having a prominent visible retail location with unobscured windows, an open storefront that is welcoming, and a product that is carefully packaged and labeled in a professional manner. (Please see the attached photos)

Our Involvement

It would be an honour and privilege if we could be of any service to you and your ministers in laying out the legalization framework for Canada. We would like to offer our time and experience with cannabis and cannabis sales to help shed light on the marketplace and share our vision for a safe, responsible, healthy, and beneficial integration of cannabis into Canadian society. Therefore, we would like to extend an invitation to you and anyone in your office to come visit our store and experience what we believe is a forward looking cannabis business.

Given our experience and positive vision for the future, we believe we could contribute to the creation of an alternative to the current cannabis distribution system in Canada. Should you desire to have us as an active participant to help collaborate in any aspect of the impending legalization policy packed with integrity, ethics and transparency, we would be pleased to participate.

Thank you very much for taking the time to read this.

Sincerely,

[REDACTED]
Erbachay Health Centers
8425 Granville St.
Vancouver, BC V6P 4Z9
Phone: 778-737-0010
Fax: 778-737-9951
Email: [REDACTED]@erbachay.com
Webpage: www.erbachay.com

Erbachay Health
Centers
8425 Granville St.
Vancouver,
BC V6P 4Z9

The Honourable
Jody Wilson-Raybould
House of Commons
Ottawa, Ontario
Canada K1A 0A6

**Pages 122 to / à 123
are withheld pursuant to section
sont retenues en vertu de l'article**

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**of the Access to Information Act
de la Loi sur l'accès à l'information**

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Ministerial Correspondence Unit / Unité de la correspondance ministérielle
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Document Date / Date du document: 2015-12-21
Date of Receipt / Reçu le: 2016-01-04

Author / [REDACTED]
Auteur:

Erbachay Health Centers
8425 Granville Street
Vancouver BC V6P 4Z9

[REDACTED] @erbachay.com

MCU # / # UCM: 2016-000446

Doc Type / Type de Doc: D

Subject / Sujet: 150017
Law - Controlled Drugs and Substances Act

Due Date / Date d'échéance: 2016-01-28

Sector's Due Date / Date d'échéance du secteur:

Assigned To / Assigné à: MCUED8

Assigned Date / Assigné le: 2016-01-07

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CC: K. Mercer
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B.C. Government and Service Employees' Union
A component of NUPGE (CLC)

Original
R15-000139
150017

December 21, 2015

Honourable Jody Wilson-Raybould, P.C.
Minister of Justice and Attorney-General of Canada
House of Commons
Ottawa, ON K1A 0A6

MINISTER OF JUSTICE
MINISTRE DE LA JUSTICE

2016 JAN - b A 8: 15

RECEIVED/REÇU

Dear Minister

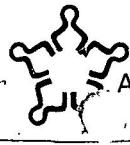
Re Distribution and retail sale of legal, non-medical cannabis through the existing liquor distribution and retail system

Let me begin by congratulating you on your recent election and appointment as Minister of Justice and Attorney General. We are fortunate to have an accomplished leader like you representing British Columbia in cabinet. I hope that we will have the opportunity to meet in the near future.

I am writing specifically in light of the federal government's intention to move ahead with the legalization of non-medical marijuana for sale to adults in Canada. The B.C. Government and Service Employees' Union (BCGEU) is a broad and diverse labour union representing over 65,000 members in British Columbia. We also represent over 3,500 workers in the provincial Liquor Distribution Branch's nearly 200 public retail stores and the warehouses and distribution centres in Vancouver and Kamloops.

We have established a partnership with the B.C. Private Liquor Store Association (BCPLSA) to advocate that the distribution and sale of non-medical marijuana occur within the existing liquor distribution and retail system through both public B.C. Liquor Stores and private liquor retail stores. We believe this model will guarantee a safe, responsible, and effective system for non-medical marijuana sales in British Columbia that can be readily implemented whenever the federal legislation comes into force.

Just as with alcohol, there are legitimate concerns about access to marijuana by young people. B.C.'s retail liquor stores are an over-19, age-controlled environment and have demonstrated the strongest compliance with identification checks. I'm certain you agree that the provinces must ensure that non-medical marijuana is sold in the most socially responsible way possible. Liquor stores provide the most strictly managed system for accessing a controlled substance and are best suited for the retailing of non-medical marijuana. In B.C., we have an effective warehousing, retail and distribution system in place, and there is no need to reinvent the wheel.



B.C. also has a successful wine and beer industry that creates good jobs and produces public revenues to fund schools, hospitals and a wide range of public services. Non-medical marijuana sales should follow a similar model, open to a variety of sizes of producers, including an allowance for personal home production, but with the distribution and sale strictly controlled.

Both Ontario Premier Kathleen Wynne and Manitoba Premier Greg Selinger have indicated a preference for utilizing their respective provinces' publicly managed distribution and retail systems to sell non-medical marijuana once it is legalized. We have written to B.C. Premier Christy Clark to advocate for a similar solution for British Columbia.

As you work to implement the federal legalization of non-medical marijuana, we hope that your government will work with the provinces to ensure that it is distributed and sold in the most socially responsible and strictly managed system possible. We are ready and eager to work with you and your provincial colleagues to make this sound public policy option a reality.

Yours sincerely,

SS/JC/kc/cope 378
1ltr Wilson raybould

Cc: Thomas Mulcair, Leader of the NDP
Honourable Rona Ambrose, P.C., Leader of the Opposition
Elizabeth May, Leader of the Green Party
BC MPs

I16-000166MCU File150017**Ministerial Correspondence Unit - Justice Canada**

From: [REDACTED]
Sent: December-22-15 5:31 PM
To: Hon.Jane.Philpott@Canada.ca; Ministerial Correspondence Unit - Justice Canada;
Jody.Wilson-Raybould@parl.gc.ca; ralph.goodale@parl.gc.ca
Cc: [REDACTED]
Subject: Letter from CCIC Board re: cannabis policy development
Attachments: Letter from CCIC Board re cannabis policy development.pdf; CCIC Backgrounder.pdf; [REDACTED]

The Honourable Dr. Jane Philpott, P.C., M.P.

Minister of Health

Dear Dr. Philpott,

The Board of Directors of the Canadian Consortium for the Investigation of Cannabinoids (CCIC) supports the Canadian government's initiative to legalize, regulate and restrict access to cannabis (marijuana). We would like to offer our expertise and knowledge as you formulate a legal and social framework for a regulated cannabis market that is based on the principles of health and public safety, and is guided by scientific evidence.

The CCIC is a federally registered Canadian nonprofit organization of researchers and health care professionals, established in 1999 to promote evidence-based research and education concerning the endocannabinoid system and the therapeutic applications of cannabinoid agents (see attached CCIC backgrounder). The CCIC consists of over 500 active and associate members from a range of scientific, clinical, policy and industry backgrounds. The CCIC has been engaged in promoting an unbiased health perspective on cannabis and cannabinoids for over 16 years, and has been an invited participant in all of Health Canada's scientific, expert and stakeholder advisory committees since the first draft of the Medical Marihuana Access Regulations in 2001.

There is growing scientific literature showing that cannabinoid agents have demonstrated promise to help alleviate pain and suffering in patients with diverse illnesses. The growing use of cannabis for medical purposes by Canadian physicians and patients points to two things: that medical access will need to be included in the legalization framework, and that Canada needs to embark on a more intensive research effort on the basic, clinical and social/public health aspects of cannabis and cannabinoid-based pharmaceuticals. Thus the medical needs of patients will be very different from those interested in the recreational market. It will be essential to assure that the needs of patients using cannabinoids for medical purposes are given priority as the government moves forward with legislation and regulations regarding cannabis.

We understand that you and your fellow Ministers of Justice and Public Safety will form a Federal-Provincial-Territorial task force to guide the legalization of cannabis. We are writing to offer our support for this process

[REDACTED]

[REDACTED]

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We, the undersigned members of the CCIC Board, feel strongly that it is essential to keep accurate knowledge regarding the science of cannabis and the endocannabinoid system is central in order to ensure that Canada achieves its goals of creating a regulated system for responsible recreational cannabis use while respecting the unique needs of those using cannabis for medical purposes. The CCIC membership possesses a broad expertise, which ranges from plant science to therapeutic use, and from the laboratory to the clinic.

We are happy to assist you as you move forward with cannabis policy development.

Yours sincerely,





cc/ The Honourable Jody Wilson-Raybould
Minister of Justice and Attorney General of Canada
284 Wellington Street
Ottawa, Ontario K1A 0H8

The Honourable Ralph Goodale
Minister of Public Safety and Emergency Preparedness
269 Laurier Avenue West
Ottawa, Ontario K1A 0P8



CANADIAN CONSORTIUM FOR THE INVESTIGATION OF CANNABINOIDS

CONSORTIUM CANADIEN POUR L'INVESTIGATION DES CANNABINOÏDES

The Honourable Dr. Jane Philpott, P.C., M.P.
Minister of Health
Brooke Claxton Building
Tunney's Pasture
Postal Locator: 0906C
Ottawa, Ontario K1A 0K9

22 December 2015

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CANADIAN CONSORTIUM FOR THE INVESTIGATION OF CANNABINOID

CONSORTIUM CANADIEN POUR L'INVESTIGATION DES CANNABINOÏDES

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Yours sincerely,



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CANADIAN CONSORTIUM FOR THE INVESTIGATION OF CANNABINOID

CONSORTIUM CANADIEN POUR L'INVESTIGATION DES CANNABINOÏDES



3777 Côte-des-Neiges Suite 208 Montréal Québec Canada H3H 1V8
e : info@ccic.net · f : 514-934-8491 · t : 514-934-1934 ext. 44362 · www.ccic.net

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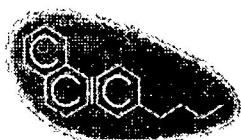
CANADIAN CONSORTIUM FOR THE INVESTIGATION OF CANNABINOID

CONSORTIUM CANADIEN POUR L'INVESTIGATION DES CANNABINOÏDES



cc/ The Honourable Jody Wilson-Raybould
Minister of Justice and Attorney General of Canada
284 Wellington Street
Ottawa, Ontario K1A 0H8

The Honourable Ralph Goodale
Minister of Public Safety and Emergency Preparedness
269 Laurier Avenue West
Ottawa, Ontario K1A 0P8



THE CANADIAN CONSORTIUM FOR THE INVESTIGATION OF CANNABINOID

Evidence-based Cannabinoid Education For Healthcare Professionals

Originally conceived as an interdisciplinary research consortium in 2000, the CCIC is a registered non-profit organization whose mission is to promote evidence-based education concerning the endocannabinoid system and therapeutic applications of cannabinoid agents to clinical audiences. Our network of over 200 members is comprised of clinicians and scientists. Our organization is based in Canada but our work and membership span the globe.

A MULTIDISCIPLINARY
NETWORK

Expert Faculty
In the fields of:

- Oncology
- Pain management
- HIV/AIDS
- Gastroenterology
- Neurology
- Multiple Sclerosis
- Psychology
- Pharmacology
- Pulmonology
- Family Medicine
- Anesthesia

Partnerships

- International Cannabinoid Research Society
- International Association for the Study of Pain
- International Association for Cannabinoid Medicine
- McGill University Health Center Research Institute
- Society of Cannabis Clinicians
- University of British Columbia
- University of California-San Francisco School of Medicine
- Centre for Medicinal Cannabis Research

BRINGING CREDIBILITY TO CANNABINOID MEDICINE

Our vision is to advance the understanding of the role of cannabinoids in health and disease through research and education from the perspective of evidence-based medicine.

Our mission is to engage with all stakeholders - government, academic and industry - to develop accredited cannabinoid educational programs that address the need for knowledge, advance understanding among the medical community and improve standards of care for patients who may benefit from the therapeutic use of cannabinoids.

Projects include:

- Live symposia
- Small educational meetings
- Online CME curricula
- Physician materials
- Patient materials
- Supplementary academic curricula

REPRESENTING THE DIVERSE FIELD OF CANNABINOID THERAPEUTICS

The CCIC is unique. We bring together an array of global experts to provide balanced and credible knowledge on the therapeutic use of cannabinoids. Our team includes:

- A multidisciplinary board of directors comprised of clinicians and scientists
- Program faculty of leading researchers and experienced clinicians
- Collaborations with professional societies and academic institutions
- Management staff with experience in medicine, science, business, and medical education



THE CANADIAN CONSORTIUM FOR THE INVESTIGATION OF CANNABINOID

Evidence-based Cannabinoid Education For Healthcare Professionals

PROVIDING ACCREDITED CANNABINOID EDUCATION TO CLINICIANS

The CCIC has conducted over 50 accredited cannabinoid education programs. These include dinner meetings, workshops, and full-day clinical symposia in Canada, the United States and Europe. Our programs have reached over 2000 healthcare professionals, providing certified continuing medical education credits on a subject that is not often taught in medical schools or other professional meetings.

By going through the accreditation process, we ensure that our content is unbiased, evidence-based, and clinically relevant to healthcare practitioners. We work in accordance with the Committee on Accreditation of Continuing Medical Education (Canada) and the Accreditation Council for Continuing Medical Education. Our programs are designed to help clinicians:

- Identify appropriate patients for treatment
- Weigh risks and benefits
- Monitor for adverse events
- Understand drug interactions
- Recommend dosage and administration methods

EDUCATING BEYOND THE CLASSROOM

Our work extends beyond the classroom and into the clinic with both web-based and printed enduring materials.

Online resources include:

- CME curricula
- An extensive database of published and ongoing studies
- Audio-visual tools
- Comprehensive reports

Printed materials include:

- Academic journal supplements
- Disease-specific research reports
- Clinical wall posters
- Patient selection criteria sheets
- Cannabinoid prescribing guidelines

For more information on our resources and activities, please visit our website www.ccic.net

CONTACT INFORMATION

For more information about the CCIC and any of its current or future Accredited Cannabinoid Education programs, please contact the CCIC staff using the details below.

Dr. Mark Ware
Executive Director
E: mware@ccic.net
T: 514-934-1934 ext. 42784

Daniel Ziemianski
Educational Coordinator
E: dziemianski@ccic.net
T: 514-934-1934 ext. 44362

For general inquiries, please contact info@ccic.net.

**Pages 136 to / à 160
are withheld pursuant to section
sont retenues en vertu de l'article**

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**of the Access to Information Act
de la Loi sur l'accès à l'information**

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Document Date / Date du document: 2015-12-22
Date of Receipt / Reçu le: 2015-12-22

Author /
Auteur:

MCU # / # UCM: 2016-000166

Doc Type / Type de Doc: I

Subject / Sujet: 150017
Law - Controlled Drugs and Substances Act

Due Date / Date d'échéance:

Sector's Due Date / Date d'échéance du secteur:

Assigned To / Assigné à: MCU-FILE

Assigned Date / Assigné le: 2016-01-05

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- Based on letter / Basée sur la lettre _____
signed on / signée le _____

Comments / Remarques:

INSTRUCTIONS

- D: Draft response / Faire un projet de réponse
- A: Further letter to be combined with a previous document (see comments) / Nouvelle lettre à joindre à un document précédent (voir remarques)
- F: Action at your discretion / Donner suite à votre discrédition
- Further letter to be combined with a previous document (see comments) / Nouvelle lettre à joindre à un document précédent (voir remarques)
- I: For your information (no action required) / À titre d'information (aucune mesure requise)

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Closed / Fermé: 2016-01-05

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Mail file
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Ministerial Correspondence Unit - Justice Canada

From: Wilson-Raybould, Jody - M.P. <Jody.Wilson-Raybould@parl.gc.ca>
Sent: January-04-16 8:56 AM
To: Ministerial Correspondence Unit - Justice Canada
Subject: FW: Fwd: Concern for the sick, disabled and terminally ill

From: [mailto: @canadiantherapeuticcannabispartners.com]
Sent: January 3, 2016 1:27 PM
To: Trudeau, Justin - Député
Cc: Philpott, Jane - M.P.; Wilson-Raybould, Jody - M.P.
Subject: Re: Fwd: Concern for the sick, disabled and terminally ill

Hello Mr. Prime Minister, Health Minister and Justice minister.

I have sent and re sent emails about an issue that is very important to me, my non profit org. and tens of thousands of other people.

I receive emails almost daily in my personal private email asking for donations as I had made one during the election campaign.

I assume you expect a reply and another donation from me even though I had to struggle financially to scrape up \$100 from my disability pension.

I have not received a single response to any of my emails including the one I am forwarding again that follows this message.

I have no more money for the party and you have no reply for me.

What have you got for me? Anything?

Regards,

Soon to be discouraged, former liberal supporter.

On December 21, 2015 at 11:33 AM [redacted] @canadiantherapeuticcannabispartners.com> wrote:

Still waiting for an answer. We feel like we deserve one. Don't you?

----- Original Message -----

From: Ross Middleton
[redacted] @canadiantherapeuticcannabispartners.com>
To: jane.philpott@canada.ca
Date: December 18, 2015 at 4:23 PM
Subject: Fwd: Concern for the sick, disabled and terminally ill

s.19(1)

----- Original Message -----

From:

[@canadiantherapeuticcannabispartners.com>](mailto:@canadiantherapeuticcannabispartners.com)

To: Jane Philpott <Jane.Philpott@parl.gc.ca>

Cc: Jody Wilson-Raybould <Jody.Wilson-Raybould@parl.gc.ca>, Ralph Goodale <ralph.goodale@parl.gc.ca>, Justin Trudeau <justin.trudeau@parl.gc.ca>, Carla Qualtrough <Carla.Qualtrough@parl.gc.ca>

Date: December 16, 2015 at 11:55 AM

Subject: Concern for the sick, disabled and terminally ill

To:

The Honourable Jane Philpott - Minister of Health

C/C:

The Honourable Jody Wilson-Raybould - Minister of Justice - Attorney General of Canada

The Honourable Ralph Goodale - Minister of Public Safety and Emergency Preparedness

The Honourable Carla Qualtrough - Minister of Sport and Persons with Disabilities

The Right Honourable Justin Trudeau - Prime Minister

Dear Ms. Philpott,

[REDACTED] a non profit organization operating nationally as Canadian Medical Cannabis Partners Society (B.C. Registration - Canadian Therapeutic Cannabis Partners Society #S-0062717).

<https://www.canadiantherapeuticcannabispartners.com/>

We represent tens of thousands of sick, disabled and terminally ill people in our great nation who use Cannabis (marijuana) as medicine.

I have sent several emails regarding the medicinal use of Cannabis (marijuana) over the last few weeks that contained video presentations that expressed concerns about the following;

- 1) Ending the directive issued by the previous Harper government to Health Canada that ended the Medical Marijuana Access Regulations (MMAR) which allows the sick, disabled and terminally ill people of our great nation to grow their own

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Cannabis (marijuana) or designate a caregiver to do it for them if they are not able to themselves.

2) Ensuring that there are exceptions in the new legalization framework for dignified access for the sick, disabled and terminally ill people of our great nation through tax breaks, insurance coverage and expense deductions from the C.R.A.

I'm not sure that this subtle method of communication has been taken seriously or just dismissed out of hand as I have received no email replies and heard nothing in the way of public announcements.

I am hoping this more direct approach will at least be acknowledged and considered as time is running out for this marginalized group who, through no fault of their own, have been put in a position of choosing between their health and their freedom.

I will try to keep it simple by asking you just a few of direct questions.

- A) Will you immediately reinstate the MMAR program or a similar program?
- B) Will you acknowledge the urgency of this issue and take immediate action?
- C) Will the medicinal use of Cannabis (marijuana) be considered in the legalization framework?

We realize that you have been very busy dealing with various other urgent issues, some of which concern helping many other worthy groups such as refugees and First Nations people but perhaps during this holiday break, you could take some time to consider our cause.

We realize the the issue of medicinal use in a legalization framework will take time, we see no reason why immediate action can not or should not be taken on he personal production issue.

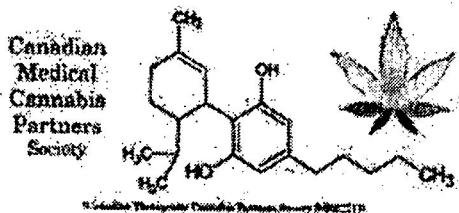
If you missed the video presentations, they can be accessed here;

<https://www.canadiantherapeuticcannabispartners.com/video/>

Thank You for your time and I look forward to your reply.



Canadian Medical Cannabis Partners Society



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Document Date / Date du document: 2016-01-03
Date of Receipt / Recu le: 2016-01-04

MCU # / # UCM: 2016-000830

Author /
Auteur:

Canadian Medical Cannabis Partners Society

@canadiantherapeuticcannabispartners.com

Doc Type / Type de Doc: I

Subject / Sujet: 270801
Health - General

Due Date / Date d'échéance:

Sector's Due Date / Date d'échéance du secteur:

Assigned To / Assigné à: MCU-FILE

Assigned Date / Assigné le: 2016-01-12

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 Standard reply / lettre type
 Modified standard reply / lettre type modifiée
 Based on letter / Basée sur la lettre _____
signed on / signée le _____

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F: Action at your discretion / Donner suite à votre discrédition
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Ministerial Correspondence Unit - Justice Canada

R16-00144
MCU-150017
150017

From: Wilson-Raybould, Jody - M.P. <Jody.Wilson-Raybould@parl.gc.ca>
Sent: January-06-16 10:27 AM
To: Ministerial Correspondence Unit - Justice Canada
Subject: FW: Stakeholder involvement of recreational marijuana
Attachments: [REDACTED]

From: [REDACTED] @mcrci.com [mailto: [REDACTED] @mcrci.com]
Sent: January 5, 2016 8:05 PM
To: Wilson-Raybould, Jody - M.P.
Subject: Stakeholder involvement of recreational marijuana

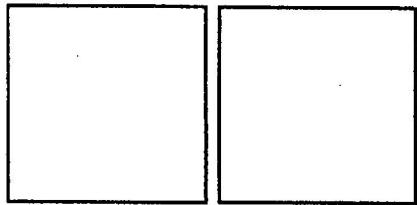
Dear Honourable Jody Wilson-Raybould,

[REDACTED] a Vancouver based company called Medicinal Cannabis Resource Centre Inc. (MCRCI) (Voted #1 clinic in Canada). It has come to my attention that the government is looking for experienced stakeholders to assist in moving the agenda of legalizing recreational use of cannabis forward. At MCRCI we have been assisting patients across Canada in accessing medical marijuana through Health Canada's programs since 2010. We offer aftercare to our patients as well as support their medical prescriptions. We are completing our application for a clinical trial based on a cream for Rheumatoid Arthritis. [REDACTED]

[REDACTED] We have a number of doctors working in our program as well as access to the Practitioners for Medical Cannabis (PMC) organization, [REDACTED] This organization has over 85 physicians who have supported cannabis in various capacities from research to supporting patients. [REDACTED] We would be honoured to a part of the medical marijuana discussion in this process. I believe our expertise and experience would be of great value. Please feel free to contact me either by email or [REDACTED]

Here is a link to our website to get a more detailed idea of the service MCRCI has to offer
www.mcrci.com

[REDACTED]
Medicinal Cannabis Resource Centre Inc.
450 Nanaimo St (South) | Vancouver, BC | V5L 4W3
(P) 604.566.9391
(F) 604.909.1890
(E) info@mcrci.com



*****This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please delete and notify sender by return email or by telephone at 604.566.9391*****

Page 169
is withheld pursuant to section
est retenue en vertu de l'article

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of the Access to Information Act
de la Loi sur l'accès à l'information

MCU / UCM
Ministerial Correspondence Unit / Unité de la correspondance ministérielle
Routing Slip / Feuille de contrôle

Document Date / Date du document: 2016-01-05
Date of Receipt / Reçu le: 2016-01-06

Author /
Auteur:

Medicinal Cannabis Resource Centre (MCRCI)
450 Nanaimo Street South
Vancouver BC V5L 4W3

@mcrci.com

MCU # / # UCM: 2016-001444

Doc Type / Type de Doc: R

Subject / Sujet: 150017
Law - Controlled Drugs and Substances Act

Due Date / Date d'échéance: 2016-03-02

Sector's Due Date / Date d'échéance du secteur:

Assigned To / Assigné à: MCUED8

Assigned Date / Assigné le: 2016-01-20

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- I: For your information (no action required) / À titre d'information (aucune mesure requise)

CC:	CC:	CC:	CC:
CC:	CC:	CC:	CC:
CC:	CC:	CC:	CC:

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Ministerial Correspondence Unit - Justice Canada

From: CIMS_OPER <CIMSOPER@pco-bcp.gc.ca>
Sent: 2016-Jan-08 10:59 AM
To: Ministerial Correspondence Unit - Justice Canada
Subject: FROM : Privy Council Office - Bureau du conseil privé [Mail # : 195972 Folder # : 905225
Tracking # : 53020219E]
Attachments: Reply.doc.docx; Image1.TIF

Attention : Jody Wilson-Raybould, P.C., M.P., Minister of Justice and Attorney General of Canada

The attached correspondence addressed to the Prime Minister is forwarded to your office for action or information as appropriate.

La correspondance ci-jointe adressée au Premier Ministre vous est transmise pour suite à donner ou pour information.

Correspondent / Correspondant :

[REDACTED]
University of British Columbia
Suite 1555
4380 No. Three Road
Richmond (Colombie-Britannique)
V6X 3V7

Keywords / Mots-clés : Marijuana - Neutral

Folder Number / Numéro de dossier: 905225

Tracking Number / Numéro de suivi: 53020219E

Date on Document / Date du document: 25 Oct 2015

Date Rec'd (by PCO) / Date de récept.: 29 Oct 2015

For additional information, please call 941-6887

Pour de plus amples informations, veuillez composer le 941-6887

Date of this E-Mail / Date de la transmission : Fri 8 Jan 2016 10:58:55 AM

s.19(1)

53020219



Faculty of Medicine
School of Public & Population Health
Master of Health Administration Program
email: @ubc.ca

University of British Columbia, BC, Canada



October 25th, 2015

The Right Honorable Justine Trudeau,
Prime Minister of Canada,
Ottawa, Ontario

Dear Prime Minister,

Congratulation to your recent successful leadership of the Federal Liberal Party to be elected by the people of Canada as the twenty third Prime Minister of our country, true North strong and free.

I like to state that I have never been a member of any Federal or Provincial political parties. I am writing to you sir, to sincerely reflect, without any political agenda, the serious concerns of the Chinese Canadian communities about your election promise to quickly legalize cannabis through legislations in the next Parliament. As a medical professional and community leader, I am quite aware of the concerns of the Chinese Canadian communities, especially in Metro Vancouver and Toronto.

I earnestly suggest to you sir, an open and transparent consultative process with the Chinese Canadian communities, especially the parents with school aged children, about the implementation of the legalization of cannabis, is of utmost importance. The consultative process can also provide proper and much appreciated education of the Chinese Canadian communities about the Government's objectives in bringing forth this legislation.

As you said in your victory speech, you were successfully elected as Prime Minister because most importantly, you listened to the people. The consultation with the Chinese Canadian communities would truly exemplify the vision and commitment of your government.

Yours Sincerely,

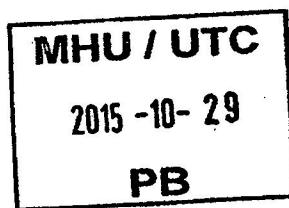
University of British Columbia

The Right Honorable Justin Trudeau,
Prime Minister Elect.

House of Parliament

OTTAWA

ONTARIO



s.19(1)

11
R16 001000
NCUEC3
150017

January 6, 2016

[REDACTED]
University of British Columbia
Suite 1555
4380 No. Three Road
Richmond, British Columbia
V6X 3V7

Dear [REDACTED]

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding the legalization and regulation of marijuana. Thank you for your kind words of congratulation for the Prime Minister. I regret the delay in replying.

Please be assured that your comments have been carefully reviewed. As the issue you have raised falls within the responsibilities of the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, the Honourable Ralph Goodale, Minister of Public Safety and Emergency Preparedness, and the Honourable Jane Philpott, Minister of Health, I have taken the liberty of forwarding copies of your letter to them. I am certain that the ministers will wish to give your concerns every consideration.

Once again, thank you for writing to the Prime Minister.

Yours sincerely,

S. Russell
Executive Correspondence Officer

MCU / UCM

Ministerial Correspondence Unit / Unité de la correspondance ministérielle Routing Slip / Feuille de contrôle

Document Date / Date du document: 2016-01-08
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Author / S. Russell
Auteur: Executive Correspondence Officer

Prime Minister's Office

Ottawa ON K1A 0A6

CIMSOPER@pco-bcp.gc.ca

Copy to: [REDACTED]

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Subject / Sujet: 150017
Law - Controlled Drugs and Substances Act

Due Date / Date d'échéance: 2016-02-25

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Assigned To / Assigné à: MCUED3

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I: [] For your information (no action required) / À titre d'information (aucune mesure requise)

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Ministerial Correspondence Unit - Justice Canada

From: CIMS_OPER <CIMSOPER@pco-bcp.gc.ca>
Sent: January-08-16 10:53 AM
To: Ministerial Correspondence Unit - Justice Canada
Subject: FROM : Privy Council Office - Bureau du conseil privé [Mail # : 195965 Folder # : 908602
Tracking # : 53130134E]
Attachments: Reply.doc.docx; Image1.TIF

Attention : Jody Wilson-Raybould, P.C., M.P., Minister of Justice and Attorney General of Canada

The attached correspondence addressed to the Prime Minister is forwarded to your office for action or information as appropriate.

La correspondance ci-jointe adressée au Premier Ministre vous est transmise pour suite à donner ou pour information.

Correspondent / Correspondant :



Canadian Centre on Substance Abuse
Suite 500
75 Albert Street
Ottawa (Ontario)
K1P 5E7

Keywords / Mots-clés : Marijuana - Neutral

Folder Number / Numéro de dossier: 908602

Tracking Number / Numéro de suivi: 53130134E

Date on Document / Date du document: 04 Nov 2015

Date Rec'd (by PCO) / Date de récept.: 09 Nov 2015

For additional information, please call 941-6887

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Date of this E-Mail / Date de la transmission : Fri 8 Jan 2016 10:52:56 AM



**Canadian Centre
on Substance Abuse**
**Centre canadien de lutte
contre les toxicomanies**

**Partnership. Knowledge. Change.
Collaboration. Connaissance. Changement.**

53130134

November 4, 2015
The Right Honourable Justin Trudeau, P.C., M.P.
Prime Minister of Canada
Langevin Block
Ottawa, ON K1A 0A6

Dear Prime Minister:

On behalf of the Canadian Centre on Substance Abuse (CCSA), I would like to congratulate you on your re-election and new role as the 23rd Prime Minister of Canada.

Created by a federal Act of Parliament in 1988 to provide expert advice, information and support in matters related to substance use and abuse in Canada, CCSA is the only national organization with a legislated mandate to address the harmful effects of alcohol and drugs on the health and safety of Canadians.

For more than 25 years, CCSA has been the source of evidence-based best advice that advances research knowledge, informs policy, changes practice and improves services for education, prevention, treatment and recovery. We represent the federal investment in addiction – a trusted asset for all stakeholders engaged in the field of substance abuse.

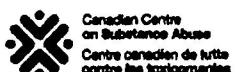
As mothers, fathers, sons and daughters, we see first hand the fear and shame due to the stigma and discrimination in our society felt by Canadians struggling with substance abuse and addiction, including when substance abuse and addiction stand alone and when mental health and substance abuse intersect. CCSA also strives to change perceptions: science has shown that the disease of addiction is a relapsing brain disorder. With the right prevention services, the right interventions and the right treatments, long-term recovery and a person's return to family, community and the workplace is both attainable and sustainable. Recovery is real. This reality is at the heart of what we do every day at CCSA.

Specifically, we look forward to continuing our collaboration with you and your new cabinet as you develop the approaches towards implementing your stated objective of legalizing, regulating and restricting access to marijuana.

At CCSA, we lead national, evidence-informed, multi-sectoral dialogue together with key stakeholders to inform made-in-Canada policy options that aim to reduce the known and potential negative health, social, economic and criminal justice impacts of marijuana use in Canada. CCSA's subject-matter expertise on cannabis and cannabis-impaired driving is founded in the research, policy and knowledge exchange that has been our focus for many years. Changes to marijuana policy should be based on the principles of applying available evidence, reducing harms, promoting public health and safety, and administering the law equitably.

.../2

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The Right Honourable Justin Trudeau, P.C., M.P.

November 4, 2015

Page 2

CCSA is uniquely positioned to fully contribute to the task force that your government will be establishing to study marijuana. In 2005, CCSA released the National Framework for Action, Canada's addiction strategy to address the harms of alcohol and drugs in our society, which was the result of a two-year national consultation. We have proven expertise and respected reputation for establishing and convening expert national advisory councils that actively engage federal, provincial, territorial and multi-sectoral partners and stakeholders to produce key research reports and national strategies. This expertise is further demonstrated by the national groups we have established such as our National Alcohol Strategy Advisory Council (2007 to present), our Scientific Advisory Council (2007 to present), our National Advisory Council on Prescription Drug Misuse (2012 to present) and our Expert Advisory Group on Cannabis (2014 to present). As the leading voice in Canada for providing evidence-based information related to substance abuse and addiction, we look forward to providing our expertise towards task force creation and membership, and joining in the key ongoing policy discussions that will take place on Parliament Hill.

Further, in 2015 CCSA led delegations to gather evidence and experience in both Colorado and Washington states about the health, social and public safety impacts of cannabis legalization. Our report findings highlighting lessons learned will be released during CCSA's biennial Issues of Substance conference in Montreal on November 17. Pre-briefings revealing our embargoed report findings will be offered.

Our vision at CCSA is to provide national leadership and advance solutions to see Canadians live in a healthy society free of alcohol- and other drug-related harms. We take pride in bringing people and knowledge together to reduce the effect of these harms on society and we stand ready to assist.

We look forward to meeting soon and collaborating with your key ministries, namely Health; Public Safety and Emergency Preparedness; Justice and Attorney General of Canada; Finance; Transport; Status of Women; Indigenous and Northern Affairs; Families, Children and Social Development; Employment, Workforce Development and Labour, as well as the portfolios related to the Public Health Agency of Canada, seniors, youth and sport, on ways to reduce the harm of alcohol and other drugs on all Canadians.

Congratulations again and I wish you every success as you lead our country.
Yours sincerely,

Canadian Centre on Substance Abuse



**Canadian Centre
on Substance Abuse**
**Centre canadien de lutte
contre les toxicomanies**

**Partnership. Knowledge. Change.
Collaboration. Connaissance. Changement.**

Le 4 novembre 2015
Le très honorable Justin Trudeau, C.P., député
Premier Ministre du Canada
Édifice Langevin
Ottawa (Ontario) K1A 0A6

Monsieur le Premier Ministre,

Au nom du Centre canadien de lutte contre les toxicomanies (CCLT), je tiens à vous féliciter pour votre réélection ainsi que pour votre nouveau rôle de 23e premier ministre du Canada.

Établi en 1988 par une loi du Parlement fédéral pour fournir des conseils d'experts, de l'information et du soutien relatifs à la consommation et à l'abus de substances au Canada, le CCLT est le seul organisme national titulaire d'un mandat législatif pour lutter contre les effets néfastes de l'alcool et de la drogue sur la santé et la sécurité de la population canadienne.

Le CCLT produit depuis plus de 25 ans des conseils avisés qui sont fondés sur des données probantes et qui avancent des connaissances issues de la recherche, éclairent l'élaboration de politiques, renforcent la pratique et améliorent les services d'éducation, de prévention, de traitement et de rétablissement. Nous représentons les investissements fédéraux dans la dépendance – un organisme de confiance pour tous les intervenants du domaine de la toxicomanie.

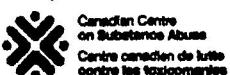
En tant que pères, mères, fils et filles, nous voyons de nos propres yeux la peur et la honte qu'entraînent la stigmatisation et la discrimination dans notre société envers les Canadiennes et les Canadiens aux prises avec la toxicomanie ou la dépendance, qu'elles soient accompagnées ou non de troubles de santé mentale. Le CCLT œuvre à faire évoluer les perceptions : la science a montré que la maladie de la dépendance est un trouble cérébral récurrent. Avec les bons services de prévention, les bonnes interventions et les bons traitements, le rétablissement à long terme et le retour d'une personne dans sa famille, sa communauté et le milieu de travail sont à la fois possibles et viables. Le rétablissement est réel. Cette réalité est au cœur des activités quotidiennes du CCLT.

Ainsi, c'est avec intérêt que nous anticipons poursuivre notre collaboration avec vous et votre nouveau conseil des ministres lors de l'élaboration de démarches visant votre objectif de légaliser et réglementer la marijuana, mais aussi restreindre l'accès à cette drogue.

De concert avec des intervenants clés, le CCLT mène des discussions panaïadiennes multisectorielles qui s'appuient sur des données probantes afin d'apporter un éclairage sur des options stratégiques toutes canadiennes ayant pour objet de réduire les répercussions connues et potentiellement négatives de la consommation de marijuana sur la santé, la société, l'économie et la Justice pénale. L'expertise du CCLT sur le cannabis et la conduite avec facultés affaiblies par le cannabis est le fruit de nombreuses années de travail axé sur la recherche, les politiques et l'échange des connaissances. Les changements apportés aux politiques sur la marijuana devraient suivre certains principes – utiliser les données probantes disponibles, promouvoir la santé et la sécurité publiques, réduire les méfaits et appliquer équitablement la loi.

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Le très honorable Justin Trudeau, C.P., député

Le 4 novembre 2015

Page 2

Le CCLT occupe une place unique qui lui permettrait de contribuer pleinement au groupe de travail sur la marijuana qu'établira votre gouvernement. En 2005, le CCLT a publié le Cadre national d'action, une stratégie élaborée à la suite d'un processus de consultation de deux ans pour offrir des réponses à la question de la dépendance et réduire les méfaits liés à l'alcool et à la drogue au Canada. Le CCLT a démontré son expertise et mérité sa réputation en ce qui concerne la mise en place de comités consultatifs nationaux qui suscitent la participation active d'experts des paliers fédéral, provincial et territorial ainsi que des partenaires et intervenants multisectoriels et produisent d'importantes études de recherche et stratégies nationales. Les groupes nationaux que nous avons établis témoignent eux aussi de cette expertise, y compris notre Comité consultatif sur la Stratégie nationale sur l'alcool (2007 jusqu'à présent), notre Conseil consultatif scientifique (2007 jusqu'à présent), notre Conseil consultatif national sur l'abus de médicaments sur ordonnance (2012 jusqu'à présent) et notre Groupe consultatif d'experts sur le cannabis (2014 jusqu'à présent). En tant que chef de file au Canada fournissant de l'information fondée sur des données probantes sur l'abus de substances et la dépendance, c'est avec intérêt que nous anticipons offrir notre expertise relativement à la création et à la composition du groupe de travail et participer aux importants échanges sur le plan des politiques qui se poursuivront sur la Colline du Parlement.

En 2015, le CCLT a également conduit des délégations dans les États du Colorado et de Washington afin de recueillir de l'information factuelle sur l'expérience de ces États quant aux répercussions de la légalisation du cannabis sur la santé, la société et la sécurité publique. Notre rapport présentant les leçons retenues sera publié le 17 novembre pendant Questions de substance, le congrès biennal du CCLT, qui se tiendra cette année à Montréal. Des séances d'information préalables seront offertes sur les constatations du rapport sous embargo.

La vision du CCLT est d'assurer un leadership national et de promouvoir des solutions permettant à nos concitoyens de vivre dans une société saine exempte des méfaits de l'alcool et des autres drogues. Nous sommes fiers de mobiliser les gens et les connaissances afin de réduire l'incidence de ces méfaits sur la société et nous demeurons à votre disposition en ce sens.

Nous avons hâte de vous rencontrer et de collaborer bientôt avec vous et vos ministères et agences clés – notamment ceux de la Santé; de la Sécurité publique et de la Protection civile; de la Justice; des Finances; des Transports; de la Condition féminine; des Affaires autochtones et du Nord; de la Famille, des Enfants et du Développement social; de l'Emploi, du Développement de la main-d'œuvre et du Travail, ainsi que la procureure générale du Canada et les portefeuilles liés à l'Agence de la santé publique du Canada, aux aînés, aux jeunes et au sport – sur des moyens de réduire les méfaits de l'alcool et des autres drogues pour l'ensemble de la population canadienne.

Je vous félicite de nouveau et vous souhaite tout le succès possible aux commandes de notre pays.

Je vous prie d'agrérer, Monsieur le Premier Ministre, l'expression de ma très haute considération.

Centre canadien de lutte contre les toxicomanies



Canadian Centre
on Substance Abuse
Centre canadien de lutte
contre les toxicomanies

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500-75 Albert Street
Ottawa ON K1P 5E7

www.ccsa.ca

500-75 rue Albert
Ottawa ON K1P 5E7

www.cclt.ca

Office of the Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A2



A 150017

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150017

c/w DIS-0442

January 6, 2016

[REDACTED]
Canadian Centre on Substance Abuse
Suite 500
75 Albert Street
Ottawa, Ontario
K1P 5E7

Dear [REDACTED]

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your correspondence of November 4 regarding the regulation of marijuana. Thank you for your kind words of congratulation for the Prime Minister.

Please be assured that your comments, offered on behalf of the Canadian Centre on Substance Abuse, have been carefully reviewed. As the issue you have raised is of interest to the Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, I have taken the liberty of forwarding a copy of your letter to her. I am certain that the Minister will wish to give your views every consideration.

COPIE

Yours sincerely,

S. Russell
Executive Correspondence Officer

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Author / **S. Russell**
Auteur: Executive Correspondence Officer

Prime Minister's Office

Ottawa ON K1A 0A6

CIMSOPER@pco-bcp.gc.ca

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Subject / Sujet: 150017
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Assigned Date / Assigné le: 2016-01-18

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January 13, 2016

The Right Honourable Justin Trudeau
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, Ontario K1A 0A2

Dear Mr. Prime Minister:

On behalf of City of Duncan Council, we would like to congratulate you on your recent impressive election victory. As Canada's newest Prime Minister, we look forward to your fresh perspective and send our best wishes for your every success and wisdom in discharging the important and responsible duties of your position.

I am writing to you today to ask that your government move forward with some dispatch in outlining the framework for the government's plans to legalize marijuana. We understand that the government will establish a federal/provincial/territorial task force to seek input from experts in public health, substance abuse, and law enforcement to design a new system of strict marijuana sales and distribution with federal and provincial excise taxes applied.

Local governments are currently struggling with the complexities of the law related to legal "licensed producers" through the Marijuana for Medical Purposes Regulation (MMPR) vs. illegal medicinal marijuana dispensary retail storefronts operating as non-profit societies. These struggles became even more prevalent when the Liberal government announced it would legalize marijuana, if elected. Many of these retail operators believe that with the federal plan to legalize marijuana, coupled with their provincial non-profit society status, it allows them to legally operate and as such are establishing themselves in large numbers across BC. An added complication is that many local government business licence bylaws, which would normally regulate use, do not require non-profit societies to obtain a business licence. This loop hole gives them the opportunity to bypass the local government business licence approval process of which enforcement then falls to the RCMP. The City also does not wish to ignore federal law and proceed with regulating an illegal use such has been done in other local governments. Zoning bylaws are another avenue available to local governments but regulating a use that is illegal sends the wrong message.

This issue has been thoroughly reviewed by City Council and staff and Council recently adopt a zoning bylaw to add "marijuana operation" to the list of prohibited uses in all zones until such time as the federal legislation changes to permit retail sales and clear policy has been established. This has afforded the City the opportunity to take a more measured approach in considering appropriate regulations and locations for this type of business when it does become legal. However, in the interim, it has become a quagmire for local politicians and explaining the legal complexities to our constituents is burdensome.

CITY OF TOTEMS

200 Craig Street, Duncan, B.C. V9L 1W3 T: 250-746-6126 F: 250-746-6129 E: duncan@duncan.ca W: www.duncan.ca

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Page 2 of 2

In studying this issue, it further highlighted to Council that the lion's share of the work for regulation and enforcement of retail dispensaries may well fall to local governments. As such, City Council unanimously supported a resolution, at its December 21, 2015 meeting, asking that a portion of any future federal or provincial taxes collected through marijuana sales and distribution be shared with local governments, perhaps similar to the Federal Gas Tax program.

On behalf of Council we look forward to your thoughtful consideration of this request and respectfully request that the concept of tax sharing with local governments be forwarded to the task force looking into the new system of marijuana sales and distribution. We also seek assurances that local governments will be consulted (i.e. through the Federation of Canadian Municipalities (FCM) and that there will be local government representation on the task force.

Sincerely,



cc: The Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada
Alistair MacGregor, MP for Cowichan-Malahat-Langford

CITY OF TOTEMS

200 Craig Street, Duncan, B.C. V9L 1W3 T: 250-746-6126 F: 250-746-6129 E: duncan@duncan.ca W: www.duncan.ca

Cowichan

Ministerial Correspondence Unit - Justice Canada

From: Wilson-Raybould, Jody - M.P. <Jody.Wilson-Raybould@parl.gc.ca>
Sent: January-14-16 10:21 AM
To: Ministerial Correspondence Unit - Justice Canada
Subject: FW: Letter to Prime Minister Re: Marijuana Sales Tax
Attachments: 2015-01-07 Letter to PM - Marijuana Sales Tax.pdf

From: [REDACTED]
Sent: January 13, 2016 4:06 PM
To: Trudeau, Justin - Député
Cc: Wilson-Raybould, Jody - M.P.; MacGregor, Alistair - M.P.
Subject: Letter to Prime Minister Re: Marijuana Sales Tax

Good afternoon:

Attached please find a copy of a letter from [REDACTED] to the Prime Minister regarding the task force that is being established to seek input related to the marijuana sales and distribution.

Regards

[REDACTED]
City of Duncan
200 Craig Street, Duncan, BC, V9L 1W3
Phone: 250-746-6126
Fax: 250-746-6129
www.duncan.ca

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Author /
Auteur:

City of Duncan
200 Craig Street
Duncan BC V9L 1W3

MCU # / # UCM: 2016-001523

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Subject / Sujet: 150017
Law - Controlled Drugs and Substances Act

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Assigned Date / Assigné le: 2016-01-20

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**Attorney General
Justice
Office of the Minister**

PO Box 7, Halifax, Nova Scotia, Canada B3J 2L6 • Telephone 902 424-4044 Fax 902 424-0510 • novascotia.ca

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JAN 14 2016

Minister Jody Wilson-Raybould
Federal Minister of Justice and
Attorney General of Canada
Government of Canada
House of Commons
Ottawa, Ontario
K1A 0A6

Dear Minister Wilson-Raybould:

I would like to thank you again for reaching out; it was a pleasure speaking with you on November 26, 2015.

During our conversation we discussed the good work being done at Dalhousie University to ensure the legal profession reflects the diversity of our community. As promised, I've attached a brochure and a 25th anniversary booklet on the Indigenous Blacks and Mi'kmaq (IB&M) Initiative at the Schulich School of Law at Dalhousie. I would be happy to put you in touch with the program's director, should you require additional information.



I look forward to meeting you in person at upcoming meetings in Quebec City.

Sincerely,



Honourable Diana Whalen
Minister of Justice and Attorney General

Indigenous Blacks & Mi'kmaq Initiative

The IB&M Initiative was established in 1989 to reduce structural and systemic discrimination by increasing the representation of Indigenous Blacks and Mi'kmaq in the legal profession.

The creation of the IB&M Initiative was the result of a number of factors including:

- 1 the efforts of African Nova Scotians and the Mi'kmaq to gain access to legal education and the legal profession and to address racism in the legal system;
- 2 the 1989 *Royal Commission on the Donald Marshall Jr. Prosecution*, which examined racism in the justice system and found that there were very few Indigenous Black lawyers in Nova Scotia and no Mi'kmaq lawyers; and
- 3 a Dalhousie university-wide study on access to education.

Faculty members at the Schulich School of Law were involved in these initiatives and joined with African Nova Scotians and the Mi'kmaq to launch the IB&M Initiative.

The IB&M Initiative strives to ensure that Mi'kmaq and African Nova Scotian students and other Aboriginal and Black students are represented at the Schulich School of Law. The initiative involves community outreach and recruitment, providing some students funding, no eligible students also receive supports developing scholarship in the areas of Aboriginal law and African Canadian legal perspectives and providing career placement support.

Students who are recruited by the Schulich School of Law through the IB&M Initiative join the regular first year class, while on same basis, complete the same work and earn the same Juris Doctor (JD) degree as do all other students at the Schulich School of Law.

Since the inception of the IB&M Initiative, more than 150 Black and Aboriginal law graduates have gone on to successful careers and have taken up a range of leadership roles across Nova Scotia and beyond.

Admissions and criteria for admission

The primary focus of the IB&M Initiative is on students who are either:

- **Indigenous Black Nova Scotians**, that is, individuals who are Black and were born or raised in Nova Scotia, or who have a substantial connection to a historically Black community in Nova Scotia, or
- **Mi'kmaq**, that is, individuals who are Mi'kmaq and were born or raised in Mi'kmaqi or have a substantial connection to a Mi'kmaw community in Mi'kmaqi.

The IB&M Initiative places the admission of Indigenous Black and Mi'kmaw students as its highest priority. However, other Black and Aboriginal students from across Canada are also urged to apply to the Schulich School of Law. If, in any given year all qualified Indigenous Black and Mi'kmaw students have been admitted and there are still spaces available, Black students who are not indigenous to Nova Scotia and Aboriginal students who are not Mi'kmaq, may be admitted through the IB&M category.

How to apply

The application form for the IB&M Initiative is the same as the application form for all students applying to Dalhousie Law School. Applicants should indicate their desire to be considered for admission through the IB&M category on the Faculty of Law Application Form, and in their Personal Statement.

You must provide the following information as part of the Law School Application:

- Academic Transcripts from all universities and colleges attended;
- Law School Admission Test (LSAT) score (The latest date to write the LSAT for September admission is February);
- Personal Statement: tell us about yourself. E.g., Why do you want to study law? What is your connection to the Indigenous Black or Mi'kmaw community?
- Résumé with work history and community activities
- References: Two academic references if you are in school. If you have been out of school for more than five years, submit work and/or community references.

The Admissions Committee reviews all applications and determines which applicants should be interviewed.

The interview usually takes place in the spring and the Admissions Committee usually makes offers of admission to students by mid-April.

It is recommended that all students who apply for admission through the IB&M Initiative have completed a university degree or at least ten university credits prior to admission. However, the Initiative does admit a limited number of mature students (defined as a student who is twenty-six years of age or older with less than ten university credits). A mature student should demonstrate that her/his non-academic experience (either through work experience or volunteer activities) is equivalent to the formal academic education required of other applicants.



Pre-law course

Pre-law is a four-week course for qualified IB&M applicants, usually offered during the month of May. The focus of pre-law is to provide an intensive introduction to the legal research, reasoning and writing skills critical to success at law school. Pre-law also evaluates students for admissions purposes, and students in pre-law must successfully complete the course in order to proceed to the Schulich School of Law in September.

Funding

Partial funding for tuition, books and housing may be available to Indigenous Black and Mi'kmaw students on the basis of need. Students who do not meet the definition of Indigenous Black or Mi'kmaq as set out above are not eligible for funding from the IB&M Initiative, however, all students may apply for general bursary assistance from the Schulich School of Law. Applicants are expected to explore all options for financing their education, including student loans, Indspire Post-Secondary Education Scholarships and possible Band funding, prior to the beginning of their first year.

Schulich School of Law

In continuous operation since 1883, the Schulich School of Law has maintained a commitment to public service in keeping with the vision of its founder, Richard Chapman Weldon. For him, public service had a lot to do with politics: In modern times, the Weldon Tradition has come to imply that those trained in the law should have a commitment to their community, a commitment which may manifest itself in the practice of law as a serving profession, public or business life, or simply in informed social concern, as well as in political activity.

The Schulich School of Law offers a range of dynamic and challenging courses and is home to the Law and Technology Institute, the Health Law Institute and the Marine and Environmental Law Program (MELP). Students also have the opportunity to participate in international exchange programs and mooting competitions. In keeping with the goal of developing Aboriginal and African Canadian legal perspectives, the Law School offers an Aboriginal Peoples course, Critical Race and Legal Theory course, and an African Nova Scotian Legal Issues course. From 1996-2002, the Schulich School of Law served as the "home faculty" hosting the James Robinson Johnston Endowed Chair in Black Canadian Studies which was inaugurated by Dr. Esméralda M.A. Thorhild.

The staff in the Career Development Office and the IB&M Initiative work with law firms, government and other organizations across the country to assist students in securing rewarding employment opportunities.



For further information about the IB&M Initiative,
please visit our website: ibandm.law.dal.ca or contact:

Prof. Michelle Williams, Director
Indigenous Blacks & Mi'kmaq Initiative

Schulich School of Law

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Valerie Armstrong, IB&M Administrative Assistant
Indigenous Blacks & Mi'kmaq Initiative

Schulich School of Law

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For information about applying to
the Schulich School of Law, please contact:

Rose Godfrey, Director
Admissions and Career Development

Schulich School of Law,

Tel: (902) 494-1018 • Fax: (902) 494-1316
rose.godfrey@dal.ca • law.dal.ca

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Courier Address:
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The IB&M Initiative acknowledges the generous support of the Law Foundation of Nova Scotia, the Law Foundation of Ontario, the Nova Scotia Department of Justice, Dalhousie University and the Schulich School of Law.



Indigenous Blacks and Mi'kmaq (IB&M) Initiative

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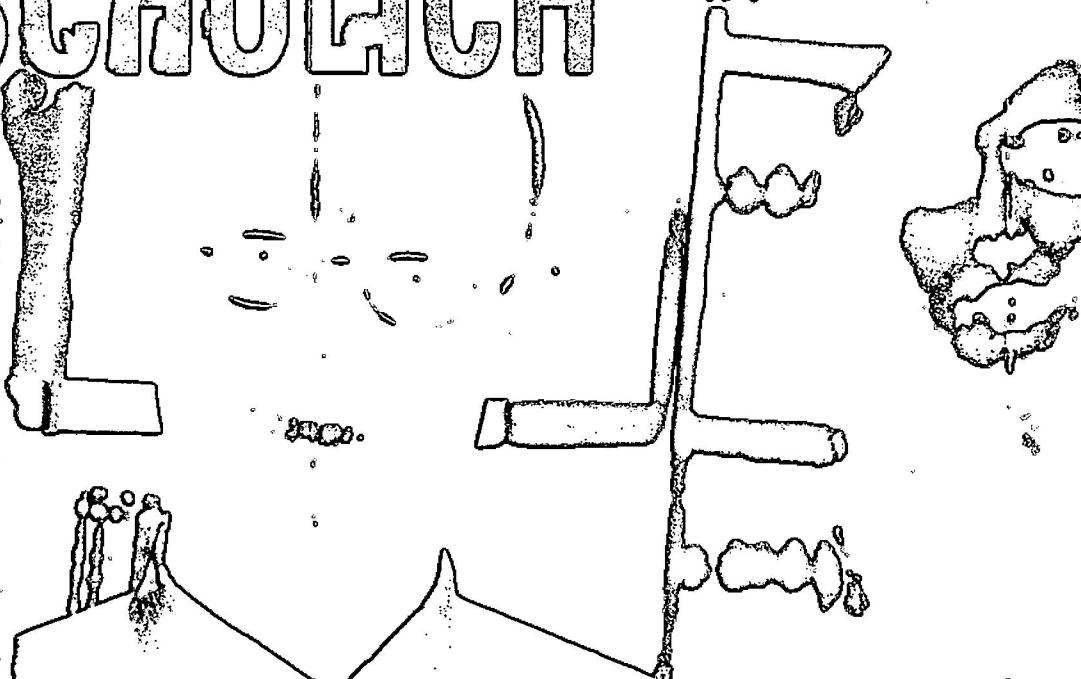
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The IB&M Initiative involves community outreach and recruiting; providing some student funding (to eligible students) and other supports; developing Aboriginal and African Canadian legal perspectives; and providing career placement support.

Students who are recruited to the Schulich School of Law through the IB&M Initiative join the regular first year class, write the same exams, complete the same work and earn the same Juris Doctor (JD) degree as do all other students at the Schulich

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